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99TH CONGRESS
2d Session

SENATE

S. REPT. 99-242
Volume 2

DEVELOPMENTS IN AGING: 1985
VOLUME 2—APPENDIXES

A REPORT

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES 85, SEC. 19, FEBRUARY 28, 1985

Resolution Authorizing a Study of the Problems of the Aged and Aging

FEBRUARY 28 (legislative day, FEBRUARY 24), 1986.—Ordered to be printed

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LETTER OF TRANSMITTAL

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., February 28, 1986.

Hon. GEORGE BUSH,
President, U.S. Senate,
Washington, D.C.

DEAR MR. PRESIDENT: Under authority of Senate Resolution 85, agreed to February 28, 1985, I am submitting to you the annual report of the U.S. Senate Special Committee on Aging, Developments in Aging: 1985, volume 2.

Senate Resolution 4, the Committee Systems Reorganization Amendments of 1977, authorizes the Special Committee on Aging "to conduct a continuing study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing and, when necessary, of obtaining care and assistance." Senate Resolution 4 also requires that the results of these studies and recommendations be reported to the Senate annually.

This report describes actions during 1985 by the Congress, the administration, and the U.S. Senate Special Committee on Aging which are significant to our Nation's older citizens. It also summarizes and analyzes the Federal policies and programs that are of the most continuing importance for older persons, their families, and for those who hope to become older Americans in the future.

On behalf of the members of the committee and its staff, I am pleased to transmit this report to you.

Sincerely,

JOHN HEINZ, *Chairman.*

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99TH CONGRESS
2d Session

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Volume 2

DEVELOPMENTS IN AGING: 1985

VOLUME 2—APPENDIXES

FEBRUARY 28 (legislative day, FEBRUARY 24), 1986.—Ordered to be printed

Mr. HEINZ, from the Committee on Aging, submitted the following

REPORT

APPENDIXES

Appendix 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

DECEMBER 9, 1985.

DEAR MR. CHAIRMAN: On behalf of the Federal Council on the Aging, I am pleased to submit a preliminary summary of the 1985 annual report.

This document highlights the various positions taken by the Council on a number of legislative and other issues concerning the well-being of the elderly. We are hopeful that the Council's view will be considered as the 99th Congress reconvenes.

We appreciate the continuing interest of the Special Committee on Aging and look forward to another year of cooperative efforts with committee members and staff toward our mutual goal of service to older Americans.

Sincerely,

ADELAIDE ATTARD, *Chairperson.*

SUMMARY OF THE 1985 ANNUAL REPORT

I. INTRODUCTION

A. Background

The Federal Council on the Aging (FCA) is the functional successor to the earlier and smaller Advisory Council on Older Americans, which was created by the 1965 Older Americans Act. In 1973, when the FCA was created, Congress was concerned about Federal responsibility for the interests of older Americans, and the breadth of vision that such responsibility would reflect. Having decided to upgrade the existing advisory committee, Congress patterned the legislative language authorizing the FCA after the charter of the U.S. Commission on Civil Rights.

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The FCA is authorized by Section 204 of the Older Americans Act, as amended. The Council is composed of 15 members appointed by the President and the Congress. Council members, who are appointed for 3-year terms, represent a cross-section of rural and urban older Americans, national organizations with an interest in aging, business and labor, and the general public. According to statute, at least five members must themselves be older individuals.

The President selects the Chairperson of the Council from the appointed members. The FCA is mandated to meet quarterly, and at the call of the Chairperson.

Functions of the Council include:

—Continually reviewing and evaluating Federal policies and programs affecting the aging for the purpose of appraising their value and their impact on the lives of older Americans;

—Serving as spokesperson on behalf of older Americans by making recommendations about Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them;

—Informing the public about the problems and needs of the aging by collecting and disseminating information, conducting or commissioning studies and publishing their results, and by issuing reports; and

—Providing public forums for dicussing and publicizing the problems and needs of the aging and obtaining information relating to those needs by holding public hearings and by conducting or sponsoring conferences, workshops, and other such meetings.

The Council is required by law to prepare an annual report for the President by March 31 of the ensuing year. Copies are distributed to Members of Congress, governmental and private agencies, institutions of higher education and individual citizens interested in FCA activities.

Funds appropriated for the Council are a line item in the overall appropriation of the Department of Health and Human Services (DHHS). These funds are used to underwrite meetings of the Council and to support staff.

The results of its public meetings and activities concerning issues and policies affecting older Americans are shared with the President, Congress, the Secretary of DHHS, the Assistant Secretary for Human Development Services (HDS), the Commissioner of the Administration on Aging (AoA), and others interested in the wellbeing of older Americans.

B. Members of the Federal Council on the Aging

Adelaide Attard, Chairperson of the Federal Council on the Aging; Commissioner, Department of Senior Citizen Affairs, Nassau County, NY.

Margaret L. Arnold, coordinator of women's activities, American Association of Retired Persons, Washington, DC.

Ingrid Azvedo, member of State Senator John Doolittle's advisory committee on aging, Sacramento, CA.

Nelda Barton, president and chairman of the board, Health Systems, Inc., Corbin, KY.

O. T. (Bob) Bobbitt, State Director, Texas Office on Aging.

Edna Bogosian, principal insurance examiner, Department of Banking and Insurance, Commonwealth of Massachusetts, Boston, MA.

James N. Broder, Esquire, senior resident partner, Curtis, Thaxter, Lipez, Stevens, Broder & Micoleau, Portland, ME.

Charlotte W. Conable, Vice-Chairperson of the Federal Council on the Aging, Washington, DC.

Edmund T. Dombrowski, M.D., chairman of the board, Western Orthopaedic Institute, Redlands, CA.

Kathryn Dusenberry, member, board of supervisors, Pima County, AZ.

D. Antonio Guglielmo, owner and manager, Penny-Hanley & Howley Insurance Co., Stafford Springs, CT.

Frances S. "Peg" Lamont, State senator, Aberdeen, SD.

Josephine Oblinger, J.D., State representative, Auburn, IL.

Edna "Bonny" Russell, ED.D. (retired), director, education and training, San Jose State University, San Jose, CA.

Albert Lee Smith, Jr., board member, Positive Maturity-Retired Senior Volunteer Program, Birmingham, AL.

C. 1985 Meeting Dates

The Council met four times during the year, as required by the Older Americans Act. The meeting dates were February 20 and 21, May 15 and 16, August 14 and 15, and November 19 and 20. Three of the meetings were held in Washington, DC. The November meeting was held in San Francisco, CA, in conjunction with the American Health Care Association (AHCA) Long Term Care Insurance Seminar.

All FCA meetings were announced in the Federal Register and notices of the meetings sent to representatives of national organizations, staff of various Federal agencies, and to congressional Members and committees interested in or responsible for aging. Minutes are distributed to individuals who attended the meetings and to any interested parties who request them. Publications and documents pertinent to official actions are maintained in the Office of the Council and are available to the general public. The FCA mailing address is: Room 4243, HHS North Building, 330 Independence Avenue, SW, Washington, DC 20201.

D. Council Meetings Scheduled for 1986

In calendar year 1986, the Council is tentatively scheduled to meet on February 25 and 26, May 28 and 29, August 19 and 20, and November 18 and 19.

II. ACTIONS OF THE FEDERAL COUNCIL ON AGING

A. Support for Caregivers of the Elderly

Following up on last year's activities which culminated in a symposium and a council print entitled "The Working Person as Caregiver", the FCA Caregiver Committee chaired by Charlotte Conable with members Margaret Arnold, Josephine Oblinger and Edna Russell expanded its activities to provide a theme for FCA efforts, namely—"Care for the Caregivers".

To provide this attention to those who care for the Nation's elderly the Committee committed its efforts to all branches of caregivers from the work place to home and family, finally including the professional caregiver in the health care facilities.

To do this the committee solicited help from the private sector in distributing information to family caregivers in nationally distributed mail order catalogs and specially targeted pamphlets distributed at key neighborhood shopping points in 10 States.

So that FCA might learn more about problems faced by the professional caregiver within the health care industry, the committee held a hearing on "Recruitment and Retention of Nursing Home Employees" during its November quarterly meeting. Those appearing before the Council in San Francisco included Ellie Peck—Office of California Lt. Gov. Leo McCarthy, Mary Jaeger—Administrator in Training, Forest Grove, OR, Cherly Beversdorf—AHCA Congressional Liaison, Peggy Dudder—California Association of Health Facilities and Micki Callahan, Local 250 Hospital and Institutional Workers Union. These witnesses enumerated the rigours and rewards of the nursing home employee, as well as legislative and administrative steps presently under way in California to help relieve the rigours and reinforce the rewards. A publication of this hearing and the questions and solutions it posed is being considered at this time by the Council.

At the suggestion of the Caregiver Committee, the FCA initiated a study on the "Relevance of Long Term Care Insurance for Family Caregivers". This study was carried out and completed by Dr. Harold Feldman, Professor Emeritus of Cornell University; it was presented by FCA to the Long Term Care Insurance Seminar initiated by the American Health Care Association and held in San Francisco during the FCA November meeting.

Dr. Feldman's paper points out the major role played by families in service delivery to America's senior population. A summary of this paper was distributed widely to representatives of the insurance industry and may become an FCA publication in the near future.

The Caregiving Committee continues to believe that its efforts should focus on family (the source of between 60 percent and 85 percent of the care received by impaired older persons) while publicizing the role of all caregivers and its importance to the Nation's elder cohort.

B. Housing

Home Equity Conversion in its many forms and new architectural design criteria for living accommodations more suited to the needs of older Americans have been the two areas of prime importance to the FCA Housing Committee.

The Housing Committee, chaired by James N. Broder and including Council members D. Antonio Guglielmo, Edna Bogosian, Frances Lamont and Edmund Dombrowski, M.D., has seen their two areas of concern gain a higher profile as Home

Equity Conversion continues to be a positive option for added income and funding long term care insurance for the Nation's elderly. "Design for Aging—an Architectural Design Guide" will be printed in early 1986. This was a joint effort between the American Institute of Architects Foundation and four Federal agencies; the National Endowment for the Arts, the Administration on Aging/HHS, the Department of Housing and Urban Development, and the Farmers Home Administration/USDA. Chairman Broder participated for the FCA in the planning of this cooperative effort that should result in improved design facilities that will allow older people to live with dignity in an environment that takes their needs into consideration.

The concept of Home Equity Conversion appears to flourish where adequate counseling and guidance are provided to the interested elderly parties and their families. Certain tax questions and Social Security questions continue as factors in discouraging certain HEC instruments. The Housing Committee feels these suggestions must be resolved by the Federal agencies involved before a totally clear picture can be presented to potential elderly mortgagors. FCA efforts in this direction are presently under way with the SSA, IRS, and AoA.

C. Health

The FCA Health Care Committee, chaired by Edmond Dombrowski, M.D. with Edna Bogosian, Katherine Dusenberry, Frances Lamont, Josephine Oblinger and Edna Russell as members, having successfully brought to publication the hypothermia study "Accidental Hypothermia: Facts and Myths", presented the staff report "Health Care Study for Older Americans", authored by Dixie Mathews (Dugan) to Council members for approval. This report was the basis of a forum held in August as part of the FCA quarterly meeting and the National Association of Area Agencies on Aging National Leadership Conference. Forum participants included John Rother, Legislative Director—AAPP, Ron Wylie, Special Assistant to the Administrator—HCFA, Barry Eisenberg, Director of the AMA Department of the Health Care Resources, Stuart Fergusson, private citizen and advisory committee member of NAAAA, North Whitefield, ME, Robert L. Dolson, Director, Region IV Area Agency on Aging, St. Joesph, MI, Margaret Lyon Dussar, Director, Florida Office on Aging, and James Varpness, Minnesota Ombudsman. Both the forum and the report attempted to clarify the mood of the Nation which reflects more and more concern for decreased government spending though, with little concomitant willingness to give up government services. The goal of the Health Committee is to continue efforts that deal with this contradictory mood. The FAC has moved to have the "Health Care Study for Older Americans" report printed for distribution in 1986.

D. Salute to Older Americans Act, Programs and Bertha Adkins Award to President Ronald Reagan

The May 1985 quarterly meeting of the Federal Council on Aging featured a salute to the programs of the Older Americans Act on the 25th anniversary of their enactment into law.

The salute comprised lectures by Dr. William Bechill (first Commissioner on Aging), Acting Commissioner Carol Fraser Fisk, and Dr. Robert Binstock, Professor of Gerontology at Case-Western Reserve. From their various perspectives, the three presented a unique collection of facts and anecdotes about the past, present, and future of the always evolving AoA programs that proved both informative and entertaining. For this reason, the Council is publishing a limited edition of the lectures so they can be enjoyed by and benefit the wider audience composed of the growing numbers of people involved in serving American's elderly.

Through the good offices of the Senate Special Committee on Aging, its Chairman Senator John Heinz, and member Senator Charles E. Grassley, the facilities of the Dirksen Auditorium were made available for the 25th anniversary celebration.

Following the salute, the FCA members met with President Reagan at the White House to award him the 1985 FCA Bertha S. Adkins award as the "Exemplar for Senior Americans".

III. FUTURE DEVELOPMENTS

In addition to the foregoing 1985 activities, a number of other Council efforts are expected to yield recommendations during 1986.

A. Caregivers Support Committee

To continue its efforts to highlight the role of the nation's caregivers, the Committee recommended at its November meeting that the phrase "Care for the Caregivers" be incorporated in the theme for Older Americans Month in May of 1986.

B. Housing Committee

The Committee plans a meeting with HUD officials and their counterparts in the Department of Agriculture F.H.M.A. to discuss Federal funding allocation formulas, the future of low income elderly housing, life care communities, and other long term care concerns that provide alternatives to institutionalization.

C. Health Committee

The FCA Health Committee will continue its active monitoring of the health care industry and the condition of health preserving programs now developing within the activities of the Older Americans Act, as well as HCFA activities in the administration of Medicare. The meeting with Dr. Franklin T. Williams, Director of the National Institute on Aging, is planned for 1986.

D. Committee on Minorities

This newly created FCA Committee anticipates meeting with native American groups early in 1986 to evaluate the impact of broadening the base of the Older Americans Act Title VI programs.

E. Foundations Committee

The FCA created the Foundations Committee to study the evolving phenomenon of ever increasing private bequests to Older Americans Acts funded facilities and programs. Co-chaired by O. T. (Bob) Bobbitt and Josephine Oblinger with members Lamont and Russell, this Committee hopes to present methods for States and local agencies to handle the funds, properties and services being given by individuals who have benefitted from Older Americans Act programs.

Appendix 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

December 23, 1985.

Dear Mr. Chairman: In response to your request for an annual report covering the programs and services in the Department of Agriculture which are available to older Americans, I am pleased to enclose a series of agency papers detailing the Department's activities in this area.

Those agencies which provide activities on behalf of older Americans are: Office of Rural Development Policy; Forest Service; Farmers Home Administration; Economic Research Service; Food and Nutrition Service; Office of Equal Opportunity; Extension Service; and Cooperative State Research Services.

Sincerely,

Francis J. Boyd, Jr.,
for John E. Ford,
Deputy Assistant Secretary
(for Governmental and Public Affairs).

Enclosures.

Office of Rural Development Policy

1985 ACTIVITIES ON BEHALF OF OLDER AMERICANS

Supportive Services Enhancement Task Force for the Rural Elderly

The Office of Rural Development Policy (ORDP) is the lead agency for this group. Other Department of Agriculture representatives are the Farmers Home Administration and the Extension Service. The Administration on Aging, the Department of Housing and Urban Development, and the Department of Transportation are other Federal members. Private sector task force members are the National Council on the Aging and the National Association of Area Agencies on Aging. In 1985, the major accomplishment has been securing broader services for elderly occupants of rural housing financed by the Farmers Home Administration.

Nutrition and Aging Booklet

ORDP staff is charing a Task Force on Nutrition and Aging which was initiated by the National Voluntary Organizations for Independent Living for the Aging (NVOILA) of the National Council on the Aging. The task force is preparing a consumer-oriented booklet on nutrition for older adults. The booklet will address wellness and health promotion and will contain practical tips on meeting dietary and nutrition goals.

Recipe Brochure for Older Americans

The Office of Rural Development Policy is cooperating with the Department of Health and Human Services (HHS) to produce a nutritional recipe brochure. Older Americans from community health centers and migrant health centers have submitted recipes to be included in the brochure. Recipes were judged for their nutritional value by registered dietitians of HHS and USDA. Recipes also will be kitchen tested by Howard University, Department of Human Nutrition and Food, School of Ecology. The recipes will be evaluated for accuracy, ease of preparation, appearance, uniqueness, and flavor. The highest-rated recipes will be included in the brochure.

Food and Fitness Campaign

Each year the Department of Agriculture launches a major effort under the theme on *Food and Fitness*. This year, the Office of Rural Development Policy's contribution is suggestions on how to reach the rural elderly population with the food and fitness message, such as through the above-mentioned booklet on nutrition and the recipe brochure.

National Association of Area Agencies on Aging Conference

Staff from the Office of Rural Development Policy made a presentation in August 1985 at a conference entitled "Innovative Management and Programming in Rural America."

FARMERS HOME ADMINISTRATION

HOUSING

1. Section 502 rural housing loans are availabale to low-income persons who will reside in rural areas and currently do not own adequate, safe, sanitary housing. The loan are made to buy, build or improve houses which are modest in size, design and cost. The interest rate on Section 502 loans is currently 10.625 percent, with a maximum repayment on the loans which could effectively lower the interest rate to as low as 1 percent. The number and dollar amount of loans made to elderly during fiscal year 1985, is not currently available.

2. Section 504 rural housing loans of up to $7,500 are available to very low-income households who own housing in rural areas. The loans are used to remove health and safety hazards including: road repairs, storm windows and doors, insulation, water and waste disposal systems, and other energy saving features. Terms are at 1 percent and up to 20 years.

Section 504 rural housing grants of up to $5,000 are also available to very low-income homeowners 62 years of age or older who cannot repay a Section 504 loan. These funds are used for the same purposes as a Section 504 loan. During fiscal year 1985, there were 3,716 grants obligating $12,498,670.

3. The Section 515 rural rental housing program provides rental or cooperative housing for persons with very low, low- and moderate-income and for those age 62 and older in rural areas. The loans are repayable in not more than 50 years. During fiscal year 1985, 1,238 loans were made and $902,956,518 was obligated. Approximately 25 percent of these loans were made for the construction of elderly projects.

4. *Section 515 congregate housing for the elderly and handicapped.* The FmHA has authority under the Section 515 rural rental housing program to build congregate housing for the elderly and handicapped. Congregate housing is an alternative for the elderly and handicapped who need an assisted residential living environment. It offers the functionally impaired or socially deprived, but in good health (not actually physically ill), the residential accommodations with supporting services to assist them in maintaining, or returning to independent or semi-independent lifestyles to prevent premature or unnecessary institutionalization as they grow older.

The following supportive services are provided in the congregate housing: meals (at least one a day, 4 days a week), personal care and housekeeping services, transportation, social and recreational activities. Developers who apply to FmHA for loans to build congregate facilities must demonstrate their ability to provide these minimum services. In most instances, developers are coordinating with social service agencies to obtain support in the provision of services. The Agency has funded a total of 18 congregate housing projects.

5. FmHA has a staff person specifically trained in Gerontology. FmHA personnel involved in programs for the elderly attend training sessions, seminars, conferences and work closely with other government agencies and organizations.

FOREST SERVICE

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The U.S. Department of Agriculture, Forest Service, in cooperation with the Department of Labor, sponsors the Senior Community Service Employment Program (SCSEP), which is authorized by Title V of the Older Americans Act, as amended. The SCSEP has three fundamental purposes: (1) Part-time income for disadvantaged elderly, (2) training and transition of participants to the private sector labor market, and (3) community services to the general public. This program employs economically disadvantaged persons aged 55 and older in 38 States, the District of Columbia, and Puerto Rico. The SCSEP seeks to improve the welfare of underprivileged, low-income, elderly, and to foster a renewed sense of self-worth and community involvement among the rural elderly.

Program participants are involved in projects on National Forest lands such as construction, rehabilitation, maintenance, and natural resource improvement work. Participants receive at least the minimum wage to supplement their personal incomes. A major benefit of the SCSEP program is the opportunity participants have to regain a sense of involvement with the mainstream of life through meaningful work. Additionally, valuable conservation projects are completed on National Forest lands.

The Forest Service's Interagency Agreement for July 1, 1984, to June 30, 1985, provided $20.9 million which employed 6,202 seniors; 24 percent were minorities and 39 percent were women. Thirteen percent of the participants were later placed in nonsubsidized jobs. The Government reaped a return of $1.58 for each dollar invested in this program.

WATER AND WASTE

Farmers Home Administration (FmHA) is authorized to provide loan and grant assistance to develop water and waste disposal systems that primarily serve rural residents in rural areas and in towns up to 10,000 people. Funds are available to public entities such as municipalities, counties, special purpose district, Indian Tribes and nonprofit organizations operated on a not-for-profit basis. Grant assistance may be made available for facilities serving the most financially needy communities to reduce user costs for eligible grant recipients to a reasonable level. In fiscal year 1985, 783 loans were made totaling $340 million and 366 grants totaling over $128 million.

Water and waste disposal loans and grants are made available directly to eligible applicants along with financial management assistance from FmHA personnel. This program is not specifically aimed toward helping the elderly. However, through the program, needed water and waste disposal service is made available to all users in a service area including the elderly.

BUSINESS AND INDUSTRY DIVISION

The Business and Industry (B&I) program guarantees loans for business and industrial development in rural areas under the Consolidated Farm and Rural Development Act, Section 310B (7 U.S.C. 1932), Rural Industrial Assistance.

The B&I program serves the elderly in rural areas by guaranteeing loans which benefit the elderly directly or indirectly. During fiscal year 1985, the B&I program guaranteed one loan that aided the elderly: Josephson Nursing Home in the State of Michigan for $911,000.

B&I guaranteed 49 loans in fiscal year 1985 for projects, many of which opened up employment opportunities for the elderly capable of employment. Since the program began in 1974, B&I has guaranteed loans for over 200 projects benefiting the rural elderly in the amount of $201,309,258.

Such projects include physician and dentist offices, chiropractic and osteopathic offices, skilled nursing care facilities, general medical and surgical hospitals, medical laboratories, outpatient facilities, psychiatric hospitals, and health and allied services enterprises.

ECONOMIC RESEARCH SERVICE

The following is the Economic Research Service's response to Senator John Heinz's request for a description of our activities on aging in 1985.

In 1985, the Agriculture and Rural Economics Division (formerly the Economic Development Division) of the Economic Research Service continued research and staff projects on the rural elderly population.

The Division has one employee designated to work full-time on aging issues, responding to public inquiries for information and conducting research on the characteristics and situation of the rural and smalltown older population. Two research articles were completed in 1985 from this activity—one titled "Rural Elderly Population: Research and Policy Issues" was presented at the annual meeting of the Rural Sociological Society and the other, "Rural Elderly in Demographic Perspective," was published by USDA. Approximately $38,000 were expended for research and staff activity on this project in 1985.

The Division's current special study on aging, now in its third year, is a survey of the economic, demographic, and social impacts of retirement growth in a 10-county area of the Arkansas/Missouri Ozarks region. The 1985 phase of the project included final data preparation and the start of analysis. The Division will soon release regional reports on the business structure and household characteristics of the study site to local public officials and Chambers of Commerce. Preparation of the project's final report is in progress. Expenditures on the project totaled approximately $105,500 for the year.

In order to determine where inmovement of retirees to rural and small town areas has taken place, an identification was made of U.S. nonmetro retirement counties based on net migration rates for the period 1970–80. The delineation was subsequently published along with those of other types of nonmetro counties. Approximately $5,000 were expended to complete the activity.

EXTENSION SERVICE AND STATE COOPERATIVE EXTENSION SERVICES

INTRODUCTION

Extension Service, USDA has three national program leaders who devote a portion of their time to providing leadership to States on program planning, implementation and evaluation of programs for the elderly. These staff members also seek resources for State programs and liaison with the public and private sectors. Twelve State Extension Services have a full time staff member in the Home Economics gerontology specialist position. Other States have specialists and county agents who are responsible for conducting educational programs for/with the elderly as a part of the on-going informal, education program.

Highlights of Home Economics and Human Nutrition, 4-H Youth Development and Natural Resources and Rural Development programs are described below.

Home Economics and Human Nutrition

State Extension Gerontology specialists in six States served as an advisor to the *Oregon* specialist who developed and published a handbook and slide/tape series on "You and Your Aging Parents," that was funded by the American Council of Life Insurance. Two copies of this program were provided to each State and in addition a copy was shown and presented to 60 national organizations and agencies in celebration of Older Americans Month. "Help Yourself to Good Health," a set of resources including slides, tape, and consumer resources on nutrition and health, was funded by industry and developed with the input of Extension Specialists and National Program Leaders. Two copies were made available to each State.

In an effort to extend Extension's programs to greater numbers of elderly persons, the national program leader networked with the National Council on Aging, the Administration on Aging, American Association of Retired Persons, Consumer Product Safety Commission and public relations firms and the private sector.

A "Safety Check List For Older Consumers" developed by the Consumer Product Safety Commission was critiqued and was made available for use in all States and young homemakers were encouraged to utilize this resource and conduct safety checks in the homes and apartments of older persons.

Family Strengths and Human Relations

One hundred and twenty-five retired, elderly people participated in a 3-day session at Cheaha State Park—the eighth year for "School Days For Retirees" in Talladega, *Alabama*. Included were sessions on marital adjustments after retirement, legal matters such as guardianships, power of attorney, and wills, as well as socialization and recreational activities.

The *Mississippi* Cooperative Extension Service Institute on Aging provides gerontological information and teaches skills in 82 rural counties to improve leadership with older adults in community and institutional settings; change attitudes toward aging; improve decisionmaking related to policy issues; educate family caregivers in how to cope with depression, dementia and other psychological and sociological problems. Participating in 178 sessions were 11,252 Mississipians. In addition 174 caregivers acquired new skills and 1,532 older persons improved their decisionmaking and leadership skills.

In *Maine* 219 low-income persons 55 years of age or older were recruited and trained to provide part-time work in not-for-profit worksites. These trainees received some compensation from a grant that CES received. Forty-seven trainees obtained jobs in unsubsidized programs.

One hundred and eighty-five volunteer leaders and 26 home economists in *Oklahoma* reached 3,234 families with educational programs on myths and realities of aging, medicare and intergenerational relationships.

In *Georgia* 296 volunteers recruited from AARP and PTA by the Clayton County home economist received training from the sheriffs department on the technique of obtaining good fingerprints. They conducted an ID program in a shopping mall and fingerprinted 1,735 senior citizens, preschoolers, and mentally and physically handicapped adults. Subsequently, 14,527 students in 29 elementary schools and 6,179 students in junior and senior high schools were fingerprinted by these volunteers.

In *Pennsylvania* specialist has developed and is providing training on "The Senior Marketplace Program." In this program employees of banks, supermarkets and other businesses who are in contact with customers are sensitized to the special needs of older consumers, i.e., larger print on forms, possible hearing impairments, need for smaller quantities of pre-packaged foods, etc.

In *Massachusetts* 885 seniors participated in group settings with lessons on "Living Alone and Liking It," "Aging, We're All In It," "Preparing For Retirements," and "Understanding the Aging Process." Professionals working with the elderly received a "Healthy Living for 60 Plus" resource packet.

In *Missouri* home economists trained 749 health care professionals, nursing home ombudsman, family members, Extension Homemaker Club members, and nursing home staff who worked with 2,447 disoriented elderly.

Food, Nutrition, and Health

Six *Florida* Extension Homemaker Club volunteers were trained and supervised and then taught a series of "Wisdom in Nutrition" lessons to 85 residents in three day care centers.

In *Maryland* 1,114 senior citizen volunteers received training in cold and/or heat stress management and taught the information to 5,570 people.

Senior citizens in *Pennsylvania* and *Oklahoma*, receive a bi-monthly newsletter from the State office providing health and nutrition information. The specialist in *Iowa* prepares and sends a bi-monthly newsletter to Senior Center staff members.

Twelve area meetings were held in *Alabama* to present the latest information on arthritis including proper treatment such as diet, exercise, and medicines. Recognizing quackery and early warning signs were emphasized and the 2,000 participants indicated that new knowledge was gained.

Leadership Development

A pilot project implemented in five rural counties in *Missouri* resulted in developing an Instructors Manual and a Participants Handbook for Volunteer Information Providers. In this effort 63 volunteer Extension Homemaker Club members were trained to work with at least two caregivers (each) for older persons who lived in their own homes in rural areas. These volunteers contributed 4,000 hours of service by teaching the caregivers personal care and communication skills and correct use of medications. Currently funding is being sought to disseminate the resources and provide training for CES and Agency on Aging staffs and for volunteers in other States.

"Older Adults Sharing Important Skills" has been piloted in four nursing homes in *Texas* and will be replicated in others soon. Fourteen volunteers were recruited and trained to aide nursing home residents with emotional and personal problems through individual and group counseling on a regular basis.

Extension Homemakers in a club in *Kansas* placed 200 telephone extra-large numbered dial faces on the telephones in 200 homes of older residents. This service was provided during a friendly visit.

New Initiatives

More emphasis is being placed on education programs that will be beneficial to adult children with aging parents. CES staffs are intensifying their networking with other public and private providers of services and programs for the aging—particularly those in rural areas who have fewer services in the community. An increased effort is also being made to organize and nurture support groups, i.e., alzheimer and respite care providers.

4-H YOUTH DEVELOPMENT

The 4-H program continues to provide opportunities for youth to understand the aging process, for intergenerational programming, for senior citizens to serve as volunteer 4-H leaders and for 4-H youth to provide community service activities with older Americans. The 4-H professionals and volunteer staff network with other youth-serving agencies, senior citizen organizations, community centers and with government agencies on aging. Combining 4-H resources with agencies focused on the aging population is an exciting and rewarding combination in today's society.

A recent research project conducted in *North Carolina* to evaluate a series of educational experiences designed to effect changes in adolescent attitudes toward aging illustrates the tendency of 4-H club members to have positive attitudes toward the aged. The analysis indicates that adolescent 4-H club members who possess a positive sense of meaning and purpose within our lives will hold more positive attitudes toward life in general and toward the aged specifically. The study also showed that educational experiences relating to the aging process can change adolescent attitudes in only 6 weeks. This study was conducted by Dr. Conrad Glass, Jr., and Dr. Curtis Trent at North Carolina State University and presented in a 1985 AARP publication, "Growing Together."

Examples of programs focused on aging include a "pet therapy" project with nursing home residents in *Missouri*, involvement with gerontology workshops in Iowa, a 4-H folk patterns project in *Michigan* which is the vehicle for members of the two age groups to become more acquainted with each other by involving both groups in the same program, and senior citizens teaching youth child care in *Colorado*.

Gardening continues to be an excellent way of involving senior citizens and youth. Many Master Gardeners and volunteer leaders are recruited and trained throughout the county to share their expertise with youth.

"The Generations Together" project at *Kansas* State University provided exchange centers involving 10 visits betwen an older person and a child age 4 to 10 years old. Key issues were discussed such as affection and friendship, conflicts, generosity, sadness and grief, family, and heritage. During each visit, the youngster and older person join in activities which promote a better understanding of the concept; write, draw, or paste pictures in their grand books and grow in their special friendships. "Grand Books" are exchanged at the end of the visiting period. Each journal, written by the older person, is a record of personal thoughts and observations about the child and each visit. The "Grand Books" become special treasures with lasting value. Other intergenerational programs are available in some states.

NATURAL RESOURCES AND RURAL DEVELOPMENT

This Extension program area provides education in leadership and organization development, business and economic development, and community services and facilities such as elderly health care and transportation.

A number of State Cooperative Extension Services are using computer assisted materials for nursing home budget analysis developed by *Missouri* Extension and Experiment Station researchers. Similar budget analysis materials on transportation systems for the elderly, developed in *Oklahoma*, are also being used to assist communities in several States in developing elderly transportation systems. As some rural communities experience population decline, Extension specialists are assisting them in developing senior centers and extended care facilities in underutilized community hospitals and other public facilities.

Farm couples in *Illinois* have participated with Extension in the development of an educational package, "Growing Older in Rural America: A Pre-Retirement Planning Program for Farm Couples." This educational package includes materials on Myths and Realities of Aging, Health, Lifestyle Changes, Financial Planning, Social Security, Family Records, and Turning the Farm Over to the Next Generation.

In *Maryland* public policy education programs have identified specific needs of the rural disadvantaged elderly. This effort led to the formation of the multi-county public interest group, the Council of Seniors for the Lower Shore, and Extension policy education programs on health and human resources, aging, and local government processes. In other Eastern Shore counties, State Energy Extension Service grants continue to support Cooperative Extension training programs for volunteers and Area Agency on Aging personnel in conducting home energy audits, energy conservation counseling, and weatherization work.

A *North Dakota* Extension program conducted in cooperation with the State office of Aging Services and Energy Extension personnel, has given emphasis to energy auditing for senior citizens centers. A survey of senior citizen needs and levels of satisfaction with senior community services is being used to plan and coordinate senior services in rural areas.

Extension Community Development Specialists in *Missouri* conduct surveys of the needs of the elderly and help develop community programs to meet those needs. Included in the activities resulting from these surveys are: formation of volunteer county committee to work with the Council on Aging and establish a self-supporting, volunteer-driven elderly transportation system; establishing ongoing volunteer county committees on aging to assist, educate, and gain citizen participation in meeting the needs of the elderly; training of Area Agency on Aging personnel in needs assessment and program development; and conducting educational programs and developing volunteer groups to provide elderly assistance in income tax form preparation, housing and health services for the elderly, crime prevention, and foster grandparents training.

Older individuals and families, their adult children, and community decisionmakers are becoming better informed on the increasing array of housing options for older residents through Extension educational efforts in *New York*. In cooperation with State agencies (Housing and Community Renewal; Aging; Social Services), community groups in approximately 80 percent of the New York counties are planning and implementing elderly housing options deemed appropriate for local communities.

To meet the needs of the elderly and their families in *Arizona* Extension is cooperating with the Long Term Care Gerontology Center at the University of Arizona to develop educational materials, train leaders, and conduct educational conferences for families and professionals. Emphasis in this effort in on intergenerational programming, both to assist the elderly working in child care settings and to improve adult children's decisionmaking regarding their elderly parents.

FOOD AND NUTRITION SERVICE

ELDERLY FEEDING PILOT PROJECT

Legislation.—The Food and Agriculture Act of 1981 (Public Law 97-98) authorized the Secretary to institute two pilot feeding projects for low-income senior citizens. Public Law 97-276, a Continuing Resolution, directed the Secretary to establish a third project.

Project description.—The Elderly Feeding Pilot Project (EFPP) is designed to test the feasibility of providing direct distribution of USDA-purchased commodities to low-income persons 60 years of age and older. The focus is on reaching the elderly who are homebound due to mental or physical incapacities or lack of adequate transportation and those who are not participating in other Federal food assistance programs. The EFPP is currently operating based upon legislative mandate in Detroit, MI; New Orleans, LA; and Des Moines, IA. Currently, the grantees are serving over 19,000 participants. Food packages are distributed on a monthly or bi-monthly basis and consist of: Evaporated milk, instant nonfat dry milk, farina, egg mix, peanut butter or dry beans, meat/poultry, vegetables and/or fruit, juice, dehydrated potatoes and the following items, if available and requested by the grantee: Cheese, butter, honey, rice and raisins. Two of the grantees have chosen to tailor the food package to meet specific nutritional and health needs of individual participants.

The projects feature extensive involvement of the private sector and local community volunteers to increase available services and enhance cost effectiveness. Functions of volunteers include certification of participants, packaging of commodities and delivery to participants. Volunteers often go beyond the food delivery aspects of their role by providing additional services to project participants such as assistance with meal preparation and transportation to appointments and shopping.

Funding.—To date six laws have appropriated a total of $5.6 million for the EFPP. Thus far in fiscal year 1986, Continuing Resolutions have mandated that the EFPP be provided sufficient funds to operate at the fiscal year 1985 service level through mid-December.

FOOD DISTRIBUTION DIVISION, THE NATIONAL NUTRITION SERVICES FOR THE ELDERLY PROGRAM

Program description.—Through the Food Distribution Program, the U.S. Department of Agriculture (USDA) donates foods and cash in lieu of foods to help meet the nutritional needs of the elderly. Specifically, this program serves elderly Americans through the National Nutrition Services for the Elderly Program of the U.S. Department of Health and Human Services (HHS). This program was authorized under the Older Americans Act of 1965, as amended, to provide for social services and nutritious meals for elderly people. HHS gives grants to State Agencies on Aging, which designate Area Agencies on Aging (AAA) to plan and coordinate the nutrition program through providers of nutrition service at the local level.

These State Agencies on Aging request USDA donated foods, cash in lieu of foods, or a combination of both to use in providing meals to the elderly at various sites. The amount of food or cash that USDA gives each State is based on the number of meals served in the program and the level of assistance per meal authorized by legislation. Total program costs also are limited by authorizing legislation and appropriations. Initially, USDA support for the program was provided in donated foods.

This aided USDA with its price support and surplus removal activities as well as provided direct support for the meals served in the program. However, once legislation authorized cash in lieu of donated foods, the program increasingly became a cash transfer program. In fact, presently less than five percent of USDA meal support is provided in donated foods. The current authorization for fiscal year 1985 is $120.8 million.

Nutrition services are provided in schools, community centers, churches, public housing, and other places located within walking distance of the homes of the majority of local elderly people. The AAA provides nutritious, well-balanced meals at least once a day, 5 or more days a week. The AAA will also provide transportation to and from the sites for those who need it, when possible. Similarly, the AAA will provide home-delivered meals at least once a day, 5 or more days a week, when possible, to older people who are homebound.

Eligibility requires only that a person be 60 years of age or older and their spouses, regardless of age, may participate in the program. In addition, while each provider of nutrition service suggests appropriate contributions based on local economic conditions, each person decides what he or she can contribute toward the cost of the meal. The meals are free to eligible persons if they are not able to make a contribution.

Additionally, the USDA offers food assistance to elderly people through the Food Distribution Program for charitable institutions (e.g., soup kitchens and nursing homes). The elderly may also receive available surplus food through the Temporary Emergency Food Assistance Program. These two programs do not restrict any recipient from participating based upon age; economic need is the only requirement.

FOOD STAMP PROGRAM

Legislation.—Food Stamp Act of 1977, as amended.

Program description.—The Food Stamp Program is a nationwide program which helps low-income people purchase more nutritious diets. Assistance is provided in the form of coupons that can be redeemed for food at over 230,000 authorized grocery stores and other outlets. The program is administered at the Federal level by the Food and Nutrition Service of the U.S. Department of Agriculture, at the State and local levels by State or county social service departments. These social service departments establish the eligibility and benefit levels of applicants and issue benefits monthly.

Families and individuals may be eligible if their monthly income and resources are low and they meet a limited number of nonfinancial criteria. Benefit levels are based on household size and income available for purchasing food after other expenses are considered. For the period October 1985 through September 1986, an individual living alone may receive up to $80, a two-person household up to $147, and a four-person household up to $268. The program provided about 19.9 million people in 7.3 million households with $10.8 billion in benefits during fiscal year 1985. The average monthly benefit was about $45 per person.

Special provisions address the special needs of the elderly (persons age 60 or over). For example, households with elderly persons are able to deduct more expenses from their income to establish eligibility and may be subject to a more lenient financial resources standard. Elderly persons may apply for food stamps at social security offices or apply through an authorized representative, or have the office interview waived if they cannot come to the office. Elderly persons may also use their coupons to obtain prepared meals at authorized nonprofit communal dining facilities and restaurants or from services that deliver meals to homes. Over 18 percent of all food stamp households contain elderly members.

OFFICE OF EQUAL OPPORTUNITY

PROCESSING COMPLAINTS FILED UNDER THE AGE DISCRIMINATION ACT OF 1975

In accordance with the Act and USDA proposed guidelines all age discrimination complaints filed with the Department are referred to the Federal Mediation and Conciliation Service (FMCS) for mediation.

From October 1, 1984, through September 30, 1985, 20 complaints alleging discrimination based on age were received by the Department. All of the complaints were filed with the Food and Nutrition Service. Nineteen of the complaints alleged discrimination in the Food Stamp Program; one alleged discrimination in the WIC (Women, Infants and Children) Program.

Seven of the complaints had multiple allegations (i.e., include other allegations such as handicap, sex, national origin, race, and etc.). In these cases, OAE requests that the program agency charged in the complaint conduct a preliminary inquiry into the allegations and report findings to OAE.

Based on agency findings, OAE determines if a full OAE investigation is warranted.

Of the 20 complaints received during the covered period, 9 were referred to the FMCS for mediation; 7 have been closed with no discrimination indicated; 3 are pending final decision either by the FMCS or the Department; 1 was outside the jurisdiction of the Department and was therefore referred to the Equal Employment Opportunity Commission for processing.

There are no age distinctions imposed by the Department based on statute or administrative policy for participation in either of the programs cited; nor have any patterns or practices of discrimination been identified in USDA programs or activities.

OFFICE OF ADVOCACY AND ENTERPRISE

OVERVIEW: EQUAL OPPORTUNITY

On March 13, 1985, the Secretary announced the creation of the Office of Advocacy and Enterprise (OAE) to provide leadership and coordination for the Department's programs for Equal Opportunity and Civil Rights. To implement and administer the programs under Section 8 and 15 of the Small Business Act, as amended to monitor the participation of minority colleges and universities in Department programs and to direct and monitor agency compliance in promoting full and open competition in procurement.

Within the organizational structure of OAE, Equal Opportunity (EO) formerly the Office of Equal Opportunity, is assigned the staff responsibility for development, implementation, and coordination of all aspects of the Department's Title VI program regulations, through the processing of discrimination complaints in any program or activity receiving Federal financial assistance from the Department, and by conducting indepth civil rights compliance reviews to determine the degree of compliance with Title VI of the Civil Rights Act of 1964 and the Department's regulations that implement them.

DEVELOPMENT OF USDA AGE REGULATIONS

The Department continues to operate under proposed regulations published (45 FR 61309) in September 1980.

The USDA is in the process of reassessing its civil rights jurisdiction for all programs and activities to determine the extent of its civil rights program coverage. The Department has completed this assessment as it relates to the Age Discrimination Act of 1975 and is in the process of revising portions of the regulations as a result of this reassessment.

COOPERATIVE STATE RESEARCH SERVICE

ANNUAL REPORT ON AGING RESEARCH

One of the major efforts in aging research in the Cooperative State Research Service during the last year has been a regional research study undertaken by the 1,890 institutions in the southeastern part of the United States. Approximately 10 of the predominately Black land-grant universities have launched a study focusing on the clothing, housing and nutritional needs of older people living in their States.

A western regional coordinating committee is studying the feasibility of organizing a regional research project dealing with community participation, work and retirement among the elderly. The western region States, especially in southwestern States, have communities with high rates of in-migration of older people.

The Nutrition Subcommittee of the Experiment Station Committee on Policy has identified nutrient requirements of senior citizens as a research priority area. Calcium metabolism is of particular concern for this age group.

Listings of specific State or regional project titles, researchers, methodology, progress reports and publications can be accessed through the Current Research Information Service. Contact: John Myers, CRIS, 5th Floor, National Agricultural Library, Beltsville, Maryland 20705, telephone number (301) 344-3846.

ITEM 2. DEPARTMENT OF COMMERCE

December 20, 1985.

Dear Mr. Chairman: Thank you for your letter regarding Department of Commerce (DOC) programs pertaining to older Americans.

Enclosed is our report for 1985. The DOC does not administer any Department-wide activities regarding older citizens. However, our report includes descriptions of relevant programs that benefit the older population and should be included in Developments in Aging, Part 2.

Sincerely,

Malcolm Baldrige, *Secretary of Commerce.*

Enclosure.

Bureau of the Census

CURRENT POPULATION REPORTS

	No.
Series P-20:	
Geographical Mobility: March 1982 to March 1983	393
Persons of Spanish Origin in the United States: March 1982	396
Voting and Registration in the Election of November 1984 (Advance)	397
Household and Family Characteristics: March 1984	398
Marital Status and Living Arrangements: March 1984	399
Fertility of American Women: June 1984	401
Households, Families, Marital Status, and Living Arrangements: March 1985 (Advance)	402
Series P-23:	
Labor Force Status and Other Characteristics of Persons with a Work Disability: 1982	127
America in Transition: An Aging Society	128
Voting and Registration Highlights from the Current Population Survey: 1964 to 1980	131
Earnings in 1981 of Married-Couple Families, by Selected Characteristics of Husbands and Wives	133
Lifetime Work Experience and its Effect on Earnings: Retrospective Data from the 1979 Income Survey Development Program	136
Demographic and Socioeconomic Aspects of Aging in the United States	138
County Intercensal Estimates by Age, Sex, and Race: 1970-80	139
After-Tax Money Income Estimates of Households: 1983	143
Subject Index to Current Population Reports	144
Population Profile of the United States: 1983-84	145
Series P-25:	
Provisional Projections of the Population of States by Age and Sex: 1980 to 2000	937
Projections of the Population of the United States, by Age, Sex, and Race: 1983 to 2080	952
Estimates of the Population of the United States, by Age, Sex, and Race: 1980 to 1984	965
State Population Estimates, by Age and Components of Change: 1980 to 1984	970
Series P-60:	
Lifetime Earnings Estimates for Men and Women in the United States: 1979	139
Money Income of Households, Families, and Persons in the United States: 1983	146
Characteristics of the Population Below the Poverty Level: 1983	147
Money Income and Poverty Status of Families and Persons in the United States: 1984 (Advance Data from the March 1985 Current Population Survey)	149
Characteristics of Households and Persons Receiving Selected Noncash Benefits: 1984	150
Series P-70:	
Economic Characteristics of Households in the United States: Third Quarter 1984 (Average Monthly Data from the Survey of Income and Program Participation)	5
International Research:	
International Trends and Perspectives: Aging	12

Issues and Implications of the Aging Japanese Population (Center for International Research Staff Paper, December 1984).

OTHER REPORTS, PAPERS, AND CONTINUING WORK

I. Projects Underway Between the Census Bureau and the Administration on Aging:

Preparation of a joint report titled "Guide to 1980 Census Data on Elderly." This guide explains how to locate census data on the older population and will review census products, services, and how to obtain them, as well as table outlines from the census publications and summary tape files to show the specific form of data available about the older population. We expect the report to be available by early 1986.

II. Projects Underway Between the Census Bureau and the National Institute on Aging:

a. Preparation of special tabulations from the 1980 census for the National Institute on Aging. These tabulations will include selected tables from Summary Tape 5 retabulated with 5-year age groups from 60 years to 85 years and over. These tabulations also include other selected tabulations from the 1980 census.

b. Development of an international data base on the older population.

c. Comparative analysis using the above international data base.

d. Preparation of a Visiting Scholar Program joint announcement to allow scholars to do research in residence at the Census Bureau.

e. Study of the quality of census data on the elderly; includes an evaluation of coverage, age misreporting, estimate of centenarians, and so forth.

NATIONAL BUREAU OF STANDARDS

INSTITUTE FOR MATERIALS SCIENCE AND ENGINEERING

Dental Materials

NBS research in dental materials is focused on composite restorative mateials, dental cements, alternatives to costly gold alloys and porcelain prostheses, and basic studies of calcium phosphate compounds (found in teeth, bone, and pathologically mineralized tissue). The emphasis on composites lies in improving durability and wear resistance, storage stability and adhesion to tooth structure. Improvements will reduce costs and extend lifetimes of teeth. Research on dental cements is aimed at improved sealing of restorations to help prevent further deterioration of dental and oral tissues. Development of alternatives to costly gold alloys can expand the range of materials available for specific treatments, including new combinations of ceramics and metals for dental crowns. Basic studies on the chemistry of calcium phosphate compounds have shown that octacalcium phosphate is a precursor to the formation of hydroxyapatite, the main mineral constitutent of teeth and bone. Understanding of the effects of drugs, biological compounds or inorganic ions on the precipitation of these minerals could greatly improve treatments of calcified tissue diseases and the reversal of dental decay, bone diseases and calcified atherosclerotic plaques. NBS staff hold key leadership positions on American Dental Associaton/American National Standards Institute committees as well as the International Standards Organization for development of voluntary standards for dental materials.

Synthetic Implants

Scientists at the National Bureau of Standards are involved in research on the properties and performance of a number of materials used (or potentially used) for surgical implants. Some recent emphasis is on the application of porous metal coatings to improve the fixation to tissue. The introduction of porous coatings increases surface area and changes chemical compositions. This must be compensated for by producing more corrosion resistant surfaces. The corrosion of beta-titanium alloys is being investigated as these alloys offer promise for longer term service via higher strength and toughness. One method of fixation uses a polymeric bone cement. Progress has been made on improving strength, reducing in-situ curing shrinkage (important to tight fitting fixation), and lowering tissue damaging heat released during curing. Further efforts are aimed at modifying bone cement with the incorporation of radiopacifying elements into the polymer molecule so that the cement can be detected in x-rays; this eliminates weakening the cement with radiopacifying particulate filler and thereby extends the working life of an implant. Chemical bonding of implants to bone is also pursued as this too may improve the durability of the bone-implant system. A serviceable adhesive could result in rapid repairs of fractures, a benefit of particular importance to older Americans. New biodegradable bone-plate materials are also being tested for strength. NBS staff are important contributors to voluntary standards efforts with the American Society for Testing Materials (Committee on Medical and Surgical Materials Devices) and with the Medical Device Standards Management Board of the American National Standards Institute.

Therapeutic/Diagnostic Materials and Devices

One element of research by NBS scientists in this area is aimed at developing x-ray imaging subtracting techniques for delineation of biomaterials that may have images obscured by surrounding tissues. The x-ray intensity transmitted through tissues and materials of different densities is dependent upon the x-ray energy and those densities. Because the x-ray energy-density interaction is not linear, it is possible to use x-ray beams of two different energies and subtract the effects of one from the other, thereby yielding enhanced images for diagnostic and therapeutic procedures. Other work involves the development of micro in-vivo gamma ray dosimetry for careful on-the-spot monitoring of therapeutic doses. This will aid in the control of radiation doses to tumors and minimize the damage to healthy tissues. A program also exists to develop materials that mimic human tissue response to sound and radio frequency (rf) fields. A prototype phantom for rf is being fabricated. Phantoms will be used to calibrate diathermy equipment and control the heating of tumors and healthy tissues; tumors are more readily destroyed by heat. One project with immediate near term benefits concerns theoretical/experimental work on acoustic coupling which is aimed at correction of an error in standard specifications for hearing simulators. This could improve the future performance of hearing aids. NBS scientists are also working to characterize the structure and properties of polyurethane used as insulation for pacemaker lead wires. It is anticipated that in-depth knowledge will lead to better materials which reduce the incidences of pacemaker failures due to lead failures.

NATIONAL MEASUREMENTS LABORATORY

Biomedical Materials

Accurate and precise compositional analysis of body tissue and fluids is essential to optimal health care for senior citizens since it provides a physician with information necessary for making better diagnostic and treatment decisions. Research by NBS scientists has already resulted in more than 50 NBS Standard Reference Materials (e.g., cholesterol, urea, glucose, serum) that are used by clinical laboratories and scientific and technical industries to improve the health and safety of older Americans. NBS scientists are involved in research to provide data on biomolecules (e.g., proteins), body tissues, foods, etc., which can be used to monitor various therapeutic/diagnostic procedures and nutritional programs. New methods are being developed to measure chemical and physical properties of biomolecules. Other work involves the development of bioanalytical, radiation, and temperature sensors which can be used in-vivo to monitor therapeutic treatment.

NATIONAL ENGINEERING LABORATORY

Fire Research and Safety

The National Bureau of Standards has developed a Fire Safety Evaluation System (FSES) for community-based residential care facilities. The FSES is used to determine whether a facility has the level of fire safety protection prescribed by a code such as the National Fire Protection Association's Life Safety Code. When retrofit of an existing building is required, the system permits more flexibility than a prescriptive code in selecting the fire protection features to be used in obtaining the needed level of fire safety. This flexibility frequently results in significant cost savings without sacrificing safety when upgrading existing buildings and designing new buildings or major renovations.

The community-based residential care facilities serve older Americans and other special groups that do not need the degree of care or restraint of high cost formal institutions. Some of these facilities have recently been involved in disastrous and tragic fires. The evaluation system covers a wide range of building sizes, residential needs and levels of care. NBS has submitted a proposal to the National Fire Protection Association (NFPA) to include a new classification of occupancy which specifically recognizes these residences in the Life Safety Code. The submission contained recommended fire safety requirements for this occupancy along with the evaluation system. This has been accepted by NFPA and will be included in the 1985 edition of the Life Safety Code.

The NBS Center for Fire Research is continuing to develop fire and smoke hazard assessment models that will permit accurate estimates of the time available for escape or rescue before hazardous conditions are reached in a building due to fire. A model of smoke and toxic gas assessment has been developed that predicts the onset of hazardous conditions from a known fire on a single floor along with a first model for more than one floor. Such models will provide designers and builders, code officials and building owners with better information on which to base design of exits, escape routes, use of materials, use of smoke and fire barriers, etc. This information is particularly important for facilities that serve older Americans and other special groups that require significant time in a fire situation before they can escape or be rescued.

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA)

Natural Hazards

The National Weather Service provides warning services for weather-related hazards and issues other routine forecasts and weather-related information. Although these services are useful to all citizens, they can be especially important to the elderly who in general are more susceptible to physical discomfort or possibly medical complications as a result of weather extemes. Advance warnings are of special importance to those with limiting physical conditions because they often need to arrange special assistance in avoiding life threatening weather situations. Forecasts of severe storms, extreme cold or heat, floods, tornadoes, hurricanes, and air pollution episodes help older citizens take appropriate actions to avoid or mitigate predicted environmental hazards. NOAA Weather Radio (NWR) can be particularly helpful because the rapid receipt of warnings can often compensate for the fact that many older citizens need more time in which to take necessary precautions. NWR provides continuous 24-hour coverage of local weather warnings and forecasts from a nationwide network of FM radio transmitters. The information can be received in the home on inexpensive special frequency radios. Many nursing homes and hospitals use NWR to alert people to dangerous weather conditions.

PATENT AND TRADEMARK OFFICE

Under the regulations of the Patent and Trademark Office (PTO), the examination of a newly filed application for patent may be expedited if an applicant is 65 years of age or more. Expedited examination may be achieved only upon the filing of such a petition. However, such a petition must include submissions of a birth certificate, or an affidavit or declaration by the applicant as to age.

The PTO has no other program for the aged.

NATIONAL TECHNICAL INFORMATION SERVICE

The National Technical Information Service (NTIS) is the central source for the public sale of U.S. government-sponsored research, development, and engineering reports, including the social sciences, and specifically, reports on the aging and the elderly. These reports cover many issues of concern involving the elderly, such as social, health, and transportation problems and services.

During the 1982–83 interagency agreement period, NTIS accepted approximately 3,000 Administration on Aging (AoA) reports into its inventory. All of these reports are available to the public in both paper copy and microfiche form.

A Title Index to a Collection of Reports on the Aging Process (3,855 titles), pB84-246479, is now publicly available from NTIS. The collection consists of published and unpublished documents in the social-behavioral and social practice areas of gerontology. The documents were produced between 1965 and 1978. In 1974 and 1975 the AoA gathered (1) statistical material on the low-income elderly, the impaired but non-institutionalized elderly, minority elderly, and services and programs for the elderly; (2) collected information on federally funded research in aging. The reports are mainly reprints, pamphlets and congressional hearings. This agreement between AoA and NTIS also covered the microfilming and distribution of all materials to selected depositories throughout the United States.

Although funding for this special AoA program was terminated at the end of fiscal year 1984 by AoA, NTIS will continue to make all of the material described in the above paragraph publicly available, both in paper copy or microfiche.

In addition, for fiscal year 1985, NTIS has added to its collection through its own information sources, 172 identifiable reports, directly related to the aging and the elderly. This agency will continue to collect wherever possible, material on subjects relating to the study of gerontology, add them to the collection, and make them publicly available also.

ITEM 3. DEPARTMENT OF DEFENSE

December 20, 1985.

Dear Mr. Chairman: Your letter of October 31, 1985 asked for a report from the Department of Defense chronicling activities on behalf of older Americans.

It is hoped that the enclosed report will be of value in this important program area of concern to us all. Should further information be desired a point of contact on this staff is Larry Kirsch on 697-5421.

Sincerely,

Claire E. Freeman,
Deputy Assistant Secretary of Defense
(Civilian Personnel Policy and Requirements).

Attachment.

1985 Report: Developments in Aging

This Department continues to operate a comprehensive retirement planning program for Defense Federal Service employees. Integrated into the overall personnel management process, our program is designed primarily to assist employees in their adjustment to retirement and to assist management in planning for replacement of work force needs. It encourages extensive pre-retirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements and personal guidance. Recent training emphasis has been given on Medicare and Social Security issues. The program also includes trial retirement and gradual retirement options for employees where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue operation of this program in 1986.

The military departments and the defense agencies, in cooperation with community health officials, continue to provide a number of occupational health programs and services to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorders, immunizations, and treatments.

Within the Department of Defense, we continue to eliminate discrimination based upon age. We are examining personnel policies, practices, and procedures for possible conflict with equal employment opportunity intent, including discriminatory use of age.

In summary, this Department has operated a comprehensive retirement planning program for civilians, provided extensive health care services to employees and carried out a positive program to preclude discrimination based on age. These program efforts will be continued in 1986.

ITEM 4. DEPARTMENT OF EDUCATION

January 10, 1986.

Dear Mr. Chairman: Thank you for your letter requesting our portion of the annual report to be included in Developments in Aging.

The amended portions that pertain to the Department of Education are enclosed as requested.

Sincerely,

Frances M. Norris,
Acting Assistant Secretary,
Legislation and Public Affairs.

Enclosure.

ADULT EDUCATION

The U.S. Department of Education is authorized under the Adult Education Act, Public Law 91-230, as amended, to provide funds to the States and outlying areas for educational programs and support services benefiting all segments of the eligible adult population. The purpose of the act, which was reauthorized in 1984 for 4 years, is to encourage the establishment of programs of adult education that will enable adults 16 years of age or who are beyond the age of compulsory school attendance under State law:

(1) to acquire basic skills needed to function in society; and

(2) to continue their education until completion of the secondary level, if they so desire.

Those adults who have completed the secondary level but are functioning at a lower level are eligible to participate in the program. Students seeking employability skills are also given the means to secure training which will help them to become more employable, productive, and responsible citizens. Federal funds support up to 90 percent of each State's program and up to 100 percent of the program in outlying areas. At least 10 percent of each State's allotment must be used for special experimental demonstration projects and teacher training. In addition to the State administered program, the act authorizes support for applied research, development, demonstration, dissemination, evaluation, and related activities which will contribute to the improvement and expansion of adult education. These activities may include improving adult education opportunities for elderly individuals and adult immigrants.

In order to discuss the specifics of the efforts aimed at older adults, one must first be aware of the demographic changes which have a profound impact upon the efforts. According to the 1980 census, the median age of the population in that year was 30.1 years. By 1990, the median age is expected to rise to 33 years. This "graying" of the U.S. population will inevitably continue for several decades after 1990.

The education of older persons has rarely ranked high as an educational priority in the United States, although the 1970's may well be considered the decade of growth in educational gerontology. Demographics have tended to make this development inevitable. Nearly half of the 15.6 million adults 70 years old and over, and about 36 percent of the 8.6 million adults aged 65 to 69 have had 8 years of schooling or less (1980 census data). Such a high incidence of under-education indicates a need for emphasizing effective basic and coping skills in programs for older adults.

The adult education program, which is administered by the Office of Vocational and Adult Education (OVAE), is charged with addressing these needs. In 1984, the total number of participants in the program was 2,596,544. The number of participants in the 45 to 59 year range is estimated to be 311,585 and that of the group 60 and older was 498,173. Currently some 30 percent of persons in adult education programs are 45 year of age and older.

The adult education program addresses the needs of older adults by emphasizing functional competency rather than grade level objectives. Special projects improve services for older persons through individualized instruction, use of media, home-based instruction, and through curricula focused on coping with daily problems in maintaining health, managing money, using community resources, understanding government, and participating in civic activities.

Equally significant is the expanding delivery system, including radio, television, and courses by newspaper, as well as clearinghouses and satellite centers designed to overcome barriers to participation. Where needed, supportive services such as transportation and lunch are provided as well as outreach activities adapting to the life situations and experience of older persons. Self-learning preferences are recognized and assisted by providing information guidance and study materials. To reach more older persons, adult education programs go into senior centers, nutrition programs, nursing homes, retirement centers and day care centers.

To meet the needs of older adults more effectively OVAE developed a memorandum of understanding with the Administration on Aging, U.S. Department of Health and Human Services. The intention of this memorandum was to foster closer coordination between the network of organizations providing services to the Nation's older persons and educational organizations and institutions responsible for providing adult education opportunities. Several objectives were identified to achieve this goal: (1) To increase awareness of the need to expand educational opportunities for older persons; (2) to disseminate information about existing model efforts under way in order to encourage their replication; (3) to identify opportunities for establishing or strengthening links between these two systems; (4) to encourage expansion of educational opportunities that will strengthen the capacity of older people to maintain their independence; and (5) to pursue special activities to provide home-based educational opportunities using appropriate technological approaches. State units on aging and State adult education offices were asked to identify programs that provided educational services for older persons. Through the combined efforts of OVAE, the Administration on Aging, and State personnel, 64 model efforts were identified. A compilation of these program profiles was sent to the State education and aging services in early 1984.

Under this agreement, State units on aging and State educational agencies receive information developed jointly by OVAE and the Administration on Aging. As efforts are made at the national level to collaborate in this major effort, it is important that similar efforts be made at both the State and local levels. Seventy-five percent of States have established informal working agreements at the state level; some seven States have developed formal memoranda of understanding between the State unit on aging and the State educational agency.

In conclusion, the national adult education program will continue to seek to meet the learning needs of a growing number of older Americans. Increased cooperation among the organizations, institutions, and community groups involved in this area at national, State, and local levels should lead to increased sharing of resources and improved services.

ENFORCEMENT OF THE AGE DISCRIMINATION ACT BY THE DEPARTMENT OF EDUCATION

The Department of Education's (ED) Office for Civil Rights (OCR) is responsible for enforcement of the Age Discrimination Act of 1975 (Act), which prohibits discrimination on the basis of age in federally funded education programs or activities. The Act also contains certain exceptions which permit, under limited circumstances, continued use of the age distinctions or factors other than age which may have a disproportionate effect on the basis of age.

The general governmentwide regulation for enforcement of the Act was published by the Department of Health, Education, and Welfare (DHEW) on June 12, 1979, at 45 CFR Part 90, and was effective July 1, 1979. OCR is enforcing the Act under the general governmentwide regulation until OCR's regulation is published. During fiscal year 1985, the proposed regulation was circulated to the principal components of the Department of Education for review and comment. The proposed regulation has been returned to OCR; once appropriate revisions have been made, the proposed regulation will be forwarded to the Secretary for approval, prior to publication in the Federal Register.

The Act provides OCR with jurisdiction to investigate all student services complaints (i.e., complaints dealing with service delivery issues, such as school admission). OCR does not have jurisdiction to investigate employment complaints under the Act. Employment complaints are either sent to the Equal Employment Opportunity Commission (EEOC), which has jurisdiction under the Age Discrimination in Employment Act of 1967 (ADEA) for certain types of age discrimination cases, or are closed utilizing the DHEW procedures described below.

Under the DHEW procedures, OCR screens complaints alleging age discrimination to determine whether it has jurisdiction, and forwards any age complaints with service issues to the Federal Mediation and Conciliation Service (FMCS) for resolution through mediation.

Complaints filed solely on the basis of age are not subject to the time frames for processing complaints imposed on OCR by the U.S. District Court in *Adams* v. *Bell*, C.A. Public Law 3095–70. For complaints alleging discrimination on the basis of age and another jurisdiction (Title VI, Title IX, and/or Section 504), the applicable *Adams* time frames are tolled for 60 days (or until the complaint is returned from FMCS, whichever is earlier) to allow FMCS to process the age portion of the case. OCR notifies the complainant(s) of the duration of the tolling of the time frames.

If FMCS is successful in mediating a complaint filed solely on the basis of age within the 60 days allowed, OCR closes the case. If the case is not resolved, OCR begins processing the case by the first engaging in informal factfinding. If the case is not resolved during that phase, the case is then subject to a full scale investigation by OCR. If the case was filed on the basis of age and another jurisdiction (e.g., Title VI), an attempt is first made by FMCS to mediate the age portion of the case as described above. If FMCS is successful in mediating the age portion of the case within the 60 day time limit, OCR then proceeds to investigate the other allegations in the complaint within the applicable *Adams* time frames. If FMCS is not successful in mediating an agreement between the complainant and the recipient, the case is returned to OCR, and OCR resumes processing all of the complaint allegations within the applicable *Adams* time frames.

Age complaints involving employment filed by persons between the ages of 40 and 70 must be referred to the appropriate EEOC regional office under the ADEA, and the OCR file is closed. EEOC does not have jurisdiction over age/employment complaints that involve persons under 40 or over 70 years of age. If the complainant is under 40 or over 70 years of age and the complaint filed with OCR alleges only employment discrimination, the complainant is informed that there is no jurisdiction under the ADEA, and the case is closed.

Some complaints that involve not only age employment allegations but also involve employment allegations under another jurisdiction within OCR's authority (i.e., Title VI and Title IX) may be referred to EEOC for investigation. On January 17, 1985, the U.S. District Court for the District of Columbia issued an Order in *Adams* v. *Bell/Women's Equity Action League* v. *Bell* which permits the Office for Civil Rights to refer to EEOC certain cases alleging individual, as opposed to systemic, employment discrimination under Title VI and Title IX. On February 22, 1985, OCR issued guidance for determining whether the Title VI and Title IX aspects of the complaint should be referred or retained.

Even though it has jurisdiction, OCR may close an age complaint if another agency is processing the case and OCR determines, based on criteria in its Investigation Procedures Manual, that duplication of effort is not warranted. OCR also may close the case under an agreement with another agency, and the other agency will assume full responsibility for the investigation, negotiation, and final resolution of the complaint. For example, if the Justice Department is in the process of litigating against the same institution, on the same or a related issue, the two Departments could determine that, to avoid duplication of effort, the Justice Department will take full repsonsibility for the complaint.

OCR received 49 age-only cases and closed 43 (some of which had been filed prior to the beginning of the fiscal year) during fiscal year 1985. Of the age-only cases: 11 cases were forwarded to FMCS for mediation; 18 cases were referred to other agencies for processing (e.g., EEOC); 10 cases were closed because of a lack of jurisdiction; and 9 cases were closed for administrative reasons (e.g., complaints were not timely because they were submitted after the filing date in the applicable regulation). Six cases were closed because remedial action was taken. Fourteen cases were pending in OCR at the end of the fiscal year.

Of the 11 age-only cases forwarded to FMCS, 3 cases were mediated successfully by FMCS and were closed by OCR. They involved the issues of "vocational and academic counseling," "criteria for selection for enrollment," and "selection process and procedures for enrollment." The eight remaining age-only cases that were not resolved successfully by FMCS were returned to OCR for processing. Two of these cases were closed administratively by OCR; one case was closed in mediation without change; one case was closed with a remedial plan; and four cases are still being investigated by OCR. The issue cited most frequently in these eight cases was "selection for enrollment." No age-only cases were pending at FMCS at the end of the fiscal year.

OCR also received 67 multiple-bases age complaints and closed 70 (some of which had been filed prior to the beginning of the fiscal year) during fiscal year 1985. Of the multiple-bases cases, 24 cases were forwarded to FMCS for mediation; 14 of the cases were referred to EEOC or other agencies; 15 cases were closed administratively; 4 cases were closed by OCR because of a lack of jurisdiction; 20 cases were closed because of a finding of no violation; and 17 cases were closed due to remedial action. Twenty-three multiple-bases cases were still in the process of being investigated by OCR at the end of September 1985.

Of the 24 multiple-bases cases forwarded to FMCS by OCR, six were mediated successfully. The issue cited most frequently in the cases that FMCS mediated successfully was "financial assistance and scholarships." The 16 cases not mediated successfully were returned to OCR for processing. At the end of fiscal year 1985, eight of these cases had been investigated by OCR with no violations found; one case had been investigated with remediation completed; one case was withdrawn with change; one case was administratively closed; four cases were still under investigation; and one case was pending disposition. The issue cited most frequently in the complaints not mediated successfully was "selection for enrollment." Two multiple-bases cases were pending at FMCS at the end of the fiscal year.

The 116 cases received in fiscal year 1985 containing age as an issue represented approximately 5 percent of the total complaints received. Sixty-five of the complaints were referred to FMCS for mediation, of which 14 were mediated successfully. OCR has not identified any pattern or practices of age discrimination in programs receiving Federal financial assistance from the Department. OCR confined its age discrimination compliance activities to complaint investigations, conducting no compliance reviews on age discrimination issues in fiscal year 1985. No staff training needs were identified that would necessitate training in fiscal year 1985.

REHABILITATION SERVICES ADMINISTRATION

PROGRAM OPERATIONS

Basic Vocational Rehabilitation Program

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on formula basis with a 20 percent State fund matching requirement (80 percent Federal/20 percent State) for the administration of a program of wide-ranging services to assist disabled individuals to prepare for and engage in gainful occupations. The agency follows the intent of statute to provide services to individuals with the most severe handicaps. The Federal share was $1,100 million for fiscal year 1985.

Caseload Activity in State VR Agencies

The number of disabled persons vocationally rehabilitated in fiscal year 1985 came to 227,652—the second consecutive annual increase after 5 years of declines.

Although the number of persons served in the State-Federal program declined slightly to 931,779 (the 10th year in a row for a loss), most other caseload indicators were positive. Increases were observed, for example, in persons applying for services and being accepted for services, as well as in the rate at which clients are rehabilitated.

Additionally, the number of severely disabled persons served and rehabilitated went up for the second consecutive year, while their proportion among all clients continued to rise above the 60-percent level.

Services to the Blind and Visually Impaired

Continued emphasis is placed on the rehabilitation of the blind and visually-impaired population. This combined continuing effort of the Rehabilitation Services Administration and the State vocational rehabilitation agencies to concentrate rehabilitation efforts on the blind and visually impaired population has resulted in 8,665 blind and 9,436 visually impaired individuals successfully rehabilitated during fiscal year 1984.

Greater emphasis was placed on the utilization of today's technology to allow blind and visually-impaired individuals access to new areas of competitive employment. Emphasis on specialized training programs utilizing the latest developments in electronic devices and the computer programing field is also preparing the blind and visually-impaired population for employment in vocational areas which were previously impractical for this disability group. Strong efforts have also been made to develop and expand job opportunities for blind and visually-impaired individuals in both traditional and innovative areas including: tax services specialists, service representatives and claims representatives for the Social Security Administration, and vocational specialists for the placement of other blind and visually-impaired individuals.

There are 26 separate State vocational rehabilitation agencies set up to serve only the blind and visually-impaired population. This allows for specialized caseloads made up entirely of blind and visually-impaired clients, and the provision of more extensive inservice training to rehabilitation counselors serving this disability group.

Helen Keller National Center for Deaf-Blind Youths and Adults

The Hellen Keller National Center for Deaf-Blind Youths and Adults demonstrates methods of providing specialized services needed to rehabilitate individuals who are both deaf and blind; train professional and other personnel to work with deaf-blind people; conduct relevant research; and carry out programs to expand and improve services, including public education programs on the needs of deaf-blind persons.

During fiscal year 1984, the Helen Keller National Center served 975 deaf-blind persons. In addition, the Center successfully managed to expand the service delivery system, which resulted in trainee placement in professional, technical, and sheltered employment.

The Center's affiliation network system has tied together some 25 agencies serving deaf-blind persons thoughout the country. This enables local service agencies to benefit from state-of-the-art rehabilitation methods, and to provide professional services to this population within their local communities. Moreover, there are now 10 regional representatives increasing the outreach of the Center. These regional representatives provide consultation, technical assistance, and direct services and are active in preparing employment opportunities for deaf-blind persons.

Special Projects for Severely Disabled Individuals

This project grant program has two major areas of emphasis in providing vocational rehabilitation services for severely disabled individuals.

One component of this program supports projects administered by public and private nonprofit agencies to expand or otherwise improve vocational rehabilitation services and other rehabilitation services for severely handicapped individuals.

In fiscal year 1985, 45 previously approved projects were awarded continuation grants. These projects are providing specialized rehabilitation services for persons disabled by arthritis, cerebral palsy, head trauma, blindness, deafness, mental illness, mental retardation, and other disabilities. Some of these projects focus on transition from secondary school or institutional care to employment, applying high technology (computers and robotics) to the functional or vocational needs of severely disabled persons, and the development of community-based services utilizing case management systems to improve interagency coordination and cooperation. In addition, 10 new projects were funded to provide supported employment services on a statewide basis. Supported employment provides an array of services, including on-the-job supervision by a job coach or trainer, in a variety of integrated work settings for severely handicapped individuals regardless of age or vocational potential.

The second component supports projects with public or private nonprofit medical facilities which provide multidisciplinary vocational and other rehabilitation services to meet the special needs of individuals with spinal cord injuries. In fiscal year 1985, 13 new project grants were awarded under this program. It is estimated that about 1,300 individuals with spinal cord injuries will be served annually.

Handicapped Migratory and Seasonal Farmworkers

The Rehabilitation Services Administration funds rehabilitation service projects for handicapped migratory and seasonal farmworkers, coordinating with the Department of Labor, the Public Health Service, and the Department of Education. During fiscal year 1985, there were 11 active projects in nine regions. The majority of persons served were of Hispanic background. In fiscal year 1985, nearly 3,000 migratory and seasonal farmworkers were served.

Randolph-Sheppard Vending Facility Program

The purpose of the Randolph-Sheppard Act, as amended, is to provide a priority to qualified blind persons to operate vending facilities on Federal and other property. The Randolph-Sheppard program offers one of the major opportunities for managerial positions for people who are blind.

More than 400 blind persons enter this program each year. Historically their earnings have increased yearly. Fiscal year 1984 date indicates that total gross income from this program was $298,756,844, with the average yearly earnings of vendors at $18,537, compared to $17,308 in fiscal year 1983.

Rehabilitation Facilities

Rehabilitation facilities provide the means for evaluation, treatment, and training of many handicapped individuals who otherwise would not be rehabilitated. In fiscal year 1982, the most recent year for which data are available, State vocational rehabilitation agencies spend 44.7 percent of their funds for services to persons in these facilities. Since 1967, the rehabilitation facilities have dramatically increased their spending from $42 million in 1967 to $522 million in 1982.

PROGRAM DEVELOPMENT ACTIVITIES

The purpose of these activities is to strengthen and improve service delivery in order to foster greater chances for the vocational rehabilitation and independence of the handicapped person. The total appropriation for program development activities in fiscal year 1985 was $72,415,000.

Projects With Industry

The Projects With Industry (PWI) program is a major private business initiative involving corporations, labor organizations, trade associations, foundations and voluntary agencies which operate through a partnership with the rehabilitation community to create as well as expand job opportunities for handicapped people in the competitive labor market. As part of this program, training is provided for jobs in realistic work settings, generally within commercial or industrial establishments, coupled with supportive services to enhance pre- and post-employment success of handicapped people in the market place.

In fiscal year 1985 approximately 14,500 disabled individuals, most with severe disabilities, will receive services. Approximately 12,100 of them will be placed in jobs in the competitive labor market at salaries comparable to those paid non-handicapped employees. In fiscal year 1985, 98 continuation projects were funded. These projects have established working relationships with over 3,500 businesses, corporations, unions, associations, and other entities for the placement of disabled individuals.

During fiscal year 1985, RSA developed and promulgated a set of PWI program standards. These standards will be used in the national evaluation of the program currently underway, with the final report due in February 1986.

Special Recreation Programs

Section 316 provides a program of projects for initiating special recreation programs for handicapped individuals. Thirty 1-year projects were funded in September 1985 for a total amount of $2.1 million This program establishes recreational activities for handicapped persons in a community, with special emphasis on socialization and mobility. The recreational activities carried out within these projects are diverse in scope, and are intended to contribute to the handicapped person's vocational potential and quality of life. The activities cover indoor and outdoor sports, crafts, arts, hobby activities and therapeutic and physical development activities. Approximately 16,000 persons benefited from the projects funded in fiscal year 1985.

Client Assistance Program

The 1984 amendments to the Rehabilitation Act changed the client assistance program from a discretionary grant program to a formula grant program. In order to qualify for its basic State grant, each State must have in place a client assistance program. In fiscal year 1985, the appropriation for the program was $6.3 million.

Handicapped American Indian VR

In fiscal year 1985, three Indian vocational rehabilitation projects were awarded $1,107,752 to carry out a rehabilitation service program aimed at returning the most severely handicapped Indians to the world of work and independence. Approximately 600 severely handicapped Indians are expected to receive services.

Rehabilitation Training

Rehabilitation training grants are authorized to insure that skilled workers are available to provide services to severely disabled individuals. Training was funded at $22 million for fiscal year 1985. The scope of training ranged from rehabilitation counseling to speech pathology and audiology. In addition, continuing education was provided to upgrade the skills of rehabilitation staff in public and voluntary agencies.

Special training projects of an experimental or innovative nature designed to train new types of manpower or demonstrate new techniques were also provided. In addition, there was a special program to train interpreters for the deaf. Emphasis continued to be placed on preparation of personnel for the provision of rehabilitation services to severely disabled persons.

Centers for Independent Living Projects

This project grant program is authorized by part B, title VII of the Rehabilitation Act of 1973, as amended. The purpose of the program is to award funds to establish and operate Centers for Independent Living (CIL's) which offer a combination of independent living services for severely handicapped individuals in order to enable them to live more independently in the family and community, or when appropriate, to secure and maintain employment.

The centers are not necessarily rehabilitation facilities in the traditional sense. Centers do provide a locus through which a combination of services required by severely handicapped individuals are either provided by center staff or arranged by other cooperating agencies. A dominant feature of the centers program is the development of cooperative relationships with other public and private nonprofit community agencies to insure that maximum use is made of these resources and to avoid duplication.

All centers are strongly urged to provide counseling and advocacy services in an active sense to insure the provision of all services and benefits needed by eligible individuals. Other services most frequently provided include: Housing and transportation assistance, peer counseling, personal care attendant services, independent living skills training, and recreational activities.

Another important feature of the centers program are the statutory requirements that handicapped individuals have a substantial involvement in center policy direction and management, and that handicapped individuals be employed by the centers. Most centers are managed by consumer-based nonprofit organizations under contracts awarded by the grantees. In 1981, it was estimated that 42 percent of the 885 center employees were disabled.

A goal of this program is extend available services to all disability groups. Recent information indicates that of the persons provided independent living services, 52.9 percent have orthopedic disabilities; 14.9 percent are blind or have serious visual impariments; 8.9 percent are deaf or have severe loss of hearing: 3.5 percent are mentally retarded; 3.4 percent have mental or emotional disabilities; and 16.4 percent have other disabilities. There are no age or other eligibility requirements under this program. While most of the centers assisted by this program do serve a broad range of disability groups, several centers do have a special focus. For example: Nineteen centers emphasize services for the blind or visually handicapped; seven centers have received funds to strengthen services for the deaf or hearing-impaired; nine centers are sponsored by organizations serving the mentally retarded; and two centers are sponsored by agencies focused on cerebral palsy. In 1983, it was estimated that all centers served approximately 26,000 severely handicapped individuals.

This program began in fiscal year 1979 with a budget of $2 million, which supported 10 grantees who either operated directly or contracted with 20 centers. Funds for subsequent years have been increased annually and in fiscal year 1985 were $22 million. In fiscal year 1985, 78 continuation grants were awarded to previously approved projects, and 39 new awards were made to existing centers to either provide transitional services for severely disabled persons leaving secondary school or institutional care, or to enable centers to expand services to previously unserved groups of severely disabled persons.

Centers assisted in whole or in part by this program are operatoinal in all States, the District of Columbia, Puerto Rico, the Virgin Islands, and American Samoa.

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

The National Institute of Handicapped Research, authorized by title II of the Rehabilitation Act, has specific responsibilities for the provision of a comprehensive and coordinated apporach to the administration of handicapped individuals, including programs designed to train persons who conduct research and who provide rehabilitation services. The Institute is also responsible for the facilitating the distribution of information concerning developments in rehabilitation procedures, methods, and devices to rehabilitation professionals and to handicapped individuals to assist such individuals in living more independent lives. the Institute's programs which impact on the aging population include:

Research and Training Centers

These centers serve as a national resource for the conduct of a full spectrum of rehabilitation research activities. Research is conducted in settings where patient/client services, research, and training are viewed as interdependent activities essential to maximizing the rehabilitation of disabled individuals. The rationale for this operational approach is the belief that research cannot be isolated and still be effectively utilized.

Research and training centers in aging.—In response to an increased public concern about the lack of rehabilitation services for the older disabled population, the National Institute of Handicapped Research supports two centers which focus on rehabilitation of aged persons. Research is directed toward the identification of the rehabilitation needs of elderly persons and the development of appropriate rehabilitation techniques. These centers are as follows:

—Rancho Los Amigos Research and Training Center in Aging, Downey, CA. This Center, established in 1980, is a collaborative effort between the Rancho Los Amigos Rehabilitation Hospital, the Ethel Percy Andrus Gerontology Center and the University of Southern California School of Medicine. Research is focusing on comprehensive and coordinated physical psychological, social and vocational rehabilitation techniques and modalities, including new technology, directed toward restoring, preserving or enhancing the older disabled person's ability to function productively and independently.

—Much of the Center's training is targeted toward medical personnel in the belief that many of the negative attitudes and the lack of knowledge that exist among physicians toward the rehabilitation of the disabled elderly germinated at a very early level of training.

—University of Pennsylvania Research and Training Center in Aging, Philadelphia, PA. Research efforts are concentrating on activities which foster rehabilitation into the mainstream of medical practice in regard to aging.

Rehabilitation Engineering Centers

Rehabilitation engineering centers conduct coordinate programs of advanced research of an engineering or technological nature which can be applied toward solving problems encountered in the rehabilitation of handicapped persons. The centers are also encouraged to develop systems for the exchange of technical and engineering information, and to improve the distribution of technological devices and equipment to handicapped persons. Although there is no center specifically devoted to the problems of the elderly, the technological advances resulting from center research benefit this population. This technology includes research on improvements in wheelchairs for the disabled, orthotics and protheses, improved mobility through the use of functional electrical stimulation to paralyzed muscles, and devices to aid hearing and visually-impaired individuals.

Research and Demonstration Projects

This is a program encompassing discrete research and demonstration projects primarily directed toward discovering new knowledge and overcoming significant information gaps in the rehabilitation of severely disabled persons. These projects include research on the handicapped elderly. Projects currently supported in this area are:

—Arthritis Service Network—a joint NIHR and AOA project which is exploring the development of programs for the prevention of additional disabling conditions in older arthritic persons;

—Technology Application in Aging—is jointly funded by NIHR, V.A., AOA, NIA, and NASA and is developing a device for managing the tendency to wander among older persons; and

—Development of Unique Educational Programs for Teaching of Visuals to the Elderly Blind.

Field Initiated Research

The Field Initiated Research program was implemented in fiscal year 1984. The purpose of the program is to assist in conducting research and demonstration projects in areas with direct bearing on the development of methods, procedures, and devices to aid in the provision of vocational and other rehabilitation services to handicapped individuals. Currently supported projects specifically devoted to problems in the rehabilitation of elderly persons include:

—Factors Affecting the Well-Being of Elderly Mentally Retarded;

—Enhancement of Employment and Independent Living for Disabled and Elderly Adults; and

—Disability Management and the Older Worker.

Innovation Grants

This is a program of small grants (Maximum $50,000 funding level) awarded in order to: Test new concepts and innovative ideas; demonstrate research results of high potential benefits; purchase and evaluate prototype aids and devices; develop unique rehabilitation training curricula; and respond to the special initiatives of the Director of NIHR. This provision was implemented for the first time in 1985. NIHR is currently not supporting any projects related to the rehabilitation of elderly persons.

TITLE V—MISCELLANEOUS PROVISIONS OF THE REHABILITATION ACT

Architectural Barriers

Congress enacted the Architectural Barriers Act of 1968 (Public Law 90-480) "to insure that certain buildings financed with Federal funds are so designed and constructed as to be accessible to the physically handicapped." Standards for the design, construction and alteration of these buildings are issued by the General Services Administration (GSA), Department of Housing and Urban Development (HUD), Department of Defense (DOD) and the U.S. Postal Service (USPS).

The Board established under section 502 of the 1973 Rehabilitation Act (Public Law 93-112) to insure compliance with accessibility standards issued under the 1968 act by the four Federal standard-setting agencies. The 1978 amendments (Public Law 95-602) authorized the Board to establish minimum guidelines and requirements for standards issued under the 1968 act, to develop standards and provide technical assistance to any public or private entity affected by regulations issued under Title V of the Rehabilitation Act and to carry out other activities to eliminate architectural, transportation, communication, and attitudinal barriers.

The Board published its Minimum Guidelines and Requirements for Accessible Design (MGRAD) on August 4, 1982. The Uniform Federal Accessibility Standards (UFAS), based on MGRAD, were published by the four standard-setting agencies on August 7, 1984. The UFAS presents uniform standards for the design, construction, and alteration of buildings so that physically handicapped people will have ready access to and use of them in accordance with the Architectural Barriers Act.

MAJOR ACTIVITIES

Compliance and Enforcement

For the fourth consecutive year, the Board attained voluntary corrective action in 100 percent of the cases where it had jurisdiction and violation was found. Every case was settled voluntarily by the agencies or Federal recipients. It is important to note that in many cases, the agencies take corrective action even before the Board has been able to determine whether it has jurisdiction and whether there is a violation.

During fiscal year 1985 the Board received 249 complaints, a 6.5 percent increase over the number received during fiscal year 1984. This brings to 1,427 the number of complaints the Board has processed since 1977. Of these, 1,151 have been closed and 28 are on hold (that is, they are awaiting settlement of judicial litigation concerning coverage of leased buildings). The other 248 are being investigated:

The fiscal year 1985 complaints came from individuals and organizations in 42 States, the District of Columbia, Puerto Rico, and the Virgin Islands. They included a wide range of accessibility problems such as inaccessible entrances, lack of ramps, curb cuts, elevators, signage, and parking for handicapped persons.

Technical Assistance

During fiscal year 1985 the Board worked toward strengthening its capability to handle increased numbers of requests for technical assistance, preparing the Uniform Federal Accessibility Standards for publication and distribution, and focusing on specific projects to provide greater access to the Federal Government by deaf and hearing-impaired persons.

Research Projects

In July 1985, the Board created a position of Director of Research to focus on completing reserved sections of the minimum guidelines and requirements and to develop a variety of materials to provide technical assistance to Federal agencies and others. Prior to July 1985, research projects were directed by the Office of Technical Services. The Board is engaged in a variety of projects to increase accessibility in the areas of air and surface transportation, recreation, hand anthropometrics, and communications.

ITEM 5. DEPARTMENT OF ENERGY

DECEMBER 13, 1985.

DEAR MR. CHAIRMAN: In response to your letter of October 31, 1985, requesting an update of the Department's current and upcoming activities of particular interest to older Americans, I am submitting the following enclosure that describes departmental activities in areas of energy efficiency programs, information collection and distribution, public participation, and research on the biological and physiological aging process.

I am pleased to contribute to your annual report of federal activities and programs of interest and assistance to older Americans.

Yours truly,

JOHN S. HERRINGTON.

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INTRODUCTION

National Energy Policy sets forth the U.S. Department of Energy's fundamental goal, to provide an adequate supply of energy at reasonable cost, and strategies to achieve this goal. This Administration's strategies to attain this goal are: to minimize Federal control and involvement in energy markets while maintaining public health and safety and environmental quality, and to promote a balanced and mixed energy resource system. These principles are the framework within which this report is written. The policy has been formulated and implemented with particular sensitivity to the energy needs of older Americans and to the impact of energy costs on the household budgets of elderly citizens on fixed incomes.

The Administration's strategy of minimizing Federal control and intervention in the marketplace has led to decreased energy costs. Since the key energy-related concern expressed to the Department of Energy by the elderly community has been energy costs, it should be noted that since President Reagan decontrolled petroleum prices in January 1981, the price of both gasoline and home heating oil has declined. For example, since 1981, by September 1985, average gasoline costs decreased 14 cents per gallon. A similar pattern is apparent in the price of home heating oil. Since 1981, as of August 1985, home heating oil prices decreased 22 cents. These energy cost declines especially are relevant to those on fixed incomes.

The following provides other Department of Energy (DOE) activities of particular interest to the elderly.

ENERGY EFFICIENCY PROGRAMS

Weatherization Assistance Program.—The low-income elderly and the handicapped receive priority under this program which provides grants for the installation of insulation, weatherstripping, storm windows, and other energy-saving measures.

In 1985, the Weatherization Assistance Program awarded $187,000,000 in grants to the States and 25 Native American tribal organizations for the weatherization of homes of low-income people. Reports submitted from the inception of the program through September 1985, indicate 1,489,567 low-income homes were weatherized and that 728,604 of those dwellings were occupied by the elderly. In fiscal year 1985, 207,291 homes were weatherized.

Institutional Conservation Program.—Title III of the National Energy Conservation Policy Act provided for a matching grant program to support, among other things, professional analyses of the energy conservation potential in public care facilities. The effort of this program is to identify for building operators ways to conserve energy and thus cut their operating costs. The program also hopes to influence the capital investment decisions of an institution's management. In 1985, the Institutional Conservation program awarded grants totalling $51,890,000.

REPORT ON ENERGY AND THE AGING

The Office of Conservation and Renewable Energy cosponsored the development of a report entitled Energy and the Aging to the Year 2010 in conjunction with the Office of Human Development Services at the Department of Health and Human Services. The report, which includes a review of energy supply and demand, economic trends and the spending patterns and energy usage patterns of older Americans, was the subject of a symposium help on September 27, 1985.

INFORMATION COLLECTION AND DISTRIBUTION

The Energy Information Administration collects and publishes comprehensive data on energy consumption in the residential sector through the Residential Energy Consumption Survey. This survey includes data collected from individual households throughout the country along with actual billing data from the households' fuel suppliers for a 12-month period. The data include information on enery consumption, expenditures for energy, cost by fuel type, and related housing unit characteristics (such as size, insulation, and major energy-consuming appliances).

Using this survey, the Energy Information Administration published a major report in 1985 that contains data about the elderly. The report, Consumption Patterns of Household Vehicles 1983 presents data on energy used in personal vehicles, including annual miles traveled, gallons of fuel consumed, type of fuel used, price-paid for fuel and vehicle miles-per-gallon. Two existing reports, published in 1984, also contain data about the elderly. The report, Residential Energy Consumption Survey: Housing Characteristics, 1982, provides data on energy-related characteristics of housing, including the square footage of floor space and the use of fuels. Estimates of the cost of quantities used of electricity, natural gas, fuel oil, kerosene and liquefied petroleum gas for elderly households are reported in Residential Energy Consumption Survey: Consumption and Expenditures, April 1982 through March 1983. Information on households that received low-income energy assistance payments was obtained in a follow-up to this survey. Two volumes of this report have been published. Part 1 contains national data, and part 2 contains data for the nine Census divisions. The published reports can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20401.

A supplemental survey was conducted on a sample of households in the Weatherization Program to determine the benefits of the program. Findings from this study are provided in the Service Report, Weatherization Program Evaluation, published in 1984, which can be obtained from the Department of Energy, Conservation and Renewable Energy, Office of State and Local Assistance Programs, Weatherization Assistance Programs Division. The most recent Residential Energy Consumption Survey was conducted between March 1984 and April 1985. Results of this survey will be reported by the Energy Information Administration in 1986.

PUBLIC PARTICIPATION ACTIVITIES

During 1985, DOE has remained very active with the National Energy and Aging Consortium, a network of more than 45 organizations from the public and private sectors. This organization is the only one of its kind that brings Federal agencies (such as DOE and the Administration on Aging) together with national aging organizations and the private sector (such as the Edison Electric Institute, American Gas Association, and American Petroleum Institute), to discuss and implement solutions to the energy-related needs of the elderly.

The Division of Consumer Affairs has represented the Department in the Consortium. Through participation in this group, DOE has exercised leadership in forming partnerships with a variety of organizations that have worked to meet the energy needs of the elderly.

The Consortium has developed plans for a national conference on energy and the elderly to be held February 26–28, 1986, in Washington, D.C. The theme of the conference will be "Building Partnerships for the Future of Our Aging Society." The Division of Consumer Affairs has supported the planning effort.

For the formulation of our National Energy Policy, senior citizen organizations were personally invited to provide comments, plans and/or strategies, and to participate in public hearings held throughout the country.

The Division of Consumer Affairs has worked with the Center for Environmental Physiology, the Administration on Aging, the U.S. Office of Consumer Affairs, the American Gas Association, and Becton Dickinson and Company to develop, print and distribute public information concerning cold weather-related health risks (hypothermia) for the elderly. This collaborative effort helped facilitate the circulation of a publication concerning the importance of preventing critical cold weather health risks for the elderly.

The Energy Department's staff has maintained open channels of communication with Federal agencies and departments for the purpose of improving information exchange about energy assistance programs. This information exchange gives particular emphasis to programs that allow for special attention to the elderly.

The Division of Consumer Affairs also has initiated a bi-monthly consumer information column for distribution to more than 3,000 daily and weekly newspapers on a nationwide basis. The column is written for all age groups, but oftentimes information more specifically of concern to the elderly community is addressed. Such topics have included tips for reducing energy bills.

RESEARCH RELATED TO BIOLOGICAL AGING

In 1985, the Office of Health and Environmental Research (OHER) administered a program of research to identify and characterize the health impacts of energy production and use. In assessing the energy-related health impacts, the Department continues to identify and characterize long-term, late-appearing effects induced by chronic exposure to low levels of hazardous chemical and physical agents. Health effects caused by chronic low-level exposure to energy-related toxic agents often develop over the entire lifespan. Consequently, such effects must be clearly distinguished from the normal aging processes. To make a valid distinction between induced effects and spontaneously occurring changes, information on changes occurring throughout the lifespan is collected for both experimental and control groups. These data help to characterize the normal aging processes as well as the toxicity of energy-related agents over time. Additional studies are conducted to obtain a better understanding of the aging process itself. Thus, DOE sponsors two categories of studies related to biological aging: (a) studies indirectly concerned with biological changes occurring over long periods of time in animals and in humans; and (b) studies designed to elucidate the biological processes in aging. As in the past, lifetime studies of humans and animals constitute the major effort in ongoing research related to biological aging. Research directly concerned with the aging process has been conducted at several of the Department's contractor facilities. Summarized below are specific research projects addressing aging that the Department sponsored in 1985.

Long-Term Studies of Human Populations

These studies provide valuable data on health effects and life shortening in human populations exposed to hazardous chemical and physical agents associated with energy technologies. Additional information on lifespan and aging in human populations is also collected. Since long-term studies of human populations are costly, time-consuming, and complex, they are initiated on a highly selective basis.

The Radiation Effections Research Foundation (RERF), sponsored jointly by the United States and Japan, continued work on a life-time follow-up of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study.

Detailed clinical, laboratory, mortality, and autopsy data are collected on irradiated and control populations to identify diseases that have contributed to life shortening among survivors. An important feature is the acquisition of valuable quantitative data on dose-response relationships. Studies specifically concerned with age-related changes also are conducted. It was recently reported that the effects of ionizing radiation on mortality are specific and focal, and principally carcinogenic. No evidence of radiation-induced premature aging has been obtained.

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. Thyroid pathology, which has responded well to medical treatment, has been prevalent in individuals heavily exposed to radioiodine. (This study is currently conducted under the auspices of the Department's Office of Defense Programs.)

Nearly 2,000 persons exposed to radium, occupationally or for medical reasons, have been studied at the Center for Human Radiobiology, Argonne National Laboratory. Individuals in the study receive medical and radiologic (dosimetric) examinations at the Center. Work emphasizes the study of persons with relatively low-body burdens of radium. Data on tumor induction by bone-seeking, alpha-emitting radionuclides are being generated. Of importance are quantitative dose-response data for tumorigenesis.

At the Los Alamos National Laboratory, an epidemiologic study of plutonium workers at six Department of Energy facilities is in progress. An estimated 15,000 to 20,000 workers will be followed in this retrospective mortality study. Autopsy data are obtained through the U.S. Uranium/Transuranium Registry. So far, there is no excess mortality due to any cause in 224 males with the highest plutonium exposures. Twenty-six males exposed to plutonium during World War II show no evidence yet that adverse effects exist nearly 40 years after exposure.

Some 600,000 contractor employees at Department of Energy facilities are being analyzed in an epidemiologic study to assess health effects produced by long-term exposure to low-levels of ionizing radiation. Workers at the Hanford (Washington) and Oak Ridge (Tennessee) plants, at the Mound Laboratory (Miamisburg, Ohio), and other facilities are subjects of the study, which is conducted by Oak Ridge Associated Universities (ORAU), the Hanford Environmental Health Foundation (HEHF), and Battelle Pacific Northwest Laboratory (PNL), with assistance from teams at each of the facilities that house workers' records and vital statistics. Radiation dosimetry as well as exposures to other toxic agents in the work environment are carefully evaluated.

The U.S. Uranium/Transuranium Registry, which is operated by the Hanford Environmental Health Foundation, collects occupational data (work, medical, and radiation exposure histories) as well as information on mortality in worker populations exposed to plutonium or other transuranium radioelements. Detailed autopsy data are obtained on workers at the time of death. At the present time, some 14,500 workers from 10 facilities are registered with the foundation. The autopsy data are available for use in other epidemiologic studies.

A study to determine possible relationships between the work environment and mortality risk is being conducted on 90,000 workers employed at 8 shipyards since the early 1950's. Approximately 50,000 of these workers have had exposure to external radiation. The purpose is to identify past and present shipyard employees and to establish an automated record system that incorporates data on individual work histories, types of jobs, radiation exposures, estimated exposures to other workplace hazards, and smoking and drinking histories. It is planned to establish the vital status of all workers and cause of death among deceased workers, and to conduct analyses to establish a dose-response relationship between radiation and mortality by cause of death. At this time, employee records at all 8 shipyards have been microfilmed, basic data have been abstracted and transferred to magnetic tape, and follow-up is in progress.

Lifetime Studies in Short-Lived Mammals

Although data from humans are indispensable in the assessment of health impacts associated with any hazardous agent, limitations inherent in human studies make it mandatory to acquire quantitative data from controlled lifetime studies of animal populations. Data from animals significantly enhance predictive capabilities.

Small rodents with lifespans of 2 to 3 years (rats, mice, and hamsters) provide data in a minimum of time and at low cost. Consequently, rodents have been extensively used in large-scale studies of late somatic and genetic effects induced by low doses of ionizing radiation. For example, at the Argonne National Laboratory and the Oak Ridge National Laboratory, mice have been exposed to ionizing radiation delivered in different daily increments to characterize radiation-induced diseases and abnormalties that reduce the lifespan. These studies using gamma and neutron radiations have yielded valuable information on dose rate and radiation quality as important factors that modify mammalian response to radiation stress. The study of control (unexposed) populations is providing data on lifespan, morbidity patterns, and causes of death in unstressed animals. Lifetime studies of tumorigenesis and other somatic effects of ionizing radiation in rodent populations are currently being conducted at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, the Battelle-Pacific Northwest Laboratory, the Oak Ridge National Laboratory, the University of Utah, and the Lovelace Inhalation Toxicology Research Institute. Included in the ongoing effort are studies involving external sources (neutrons, gamma radiation, and heavy ionizing particles), actinide isotopes that are present in nuclear fuels (plutonium-239, american-241, uranium-233, and others), radium isotopes, fission products, and tritium.

At the Lovelace Inhalation Toxicology Research Institute, lifetime studies of rodents exposed to particulates from the combustion of energy-related materials are in progress. Biological end-points being assessed are lifespan shortening, functional disorders, and pathological changes, including carcinogenesis.

Lifetime studies in rats and hamsters at the University of Connecticut, Farmington, are defining chronic toxicity and carcinogenic risks associated with exposure to nickel-containing materials. At the Los Alamos National Laboratory, ongoing research with rodents is assessing chronic pulmonary toxicity, carcinogenicity, and other health effects associated with chronic exposure to energy-related materials and combustion products.

Lifetime Studies With Long-Lived Mammals

From some points of view, long-lived mammalian species represent better human surrogates than do their short-lived counterparts. Thus, obtaining quantitative data on responses of long-lived species to hazardous agents is important. The beagle dog has served for more than 20 years as the long-lived mammal in lifetime radiation-effects studies sponsored by the Department of Energy. Data from beagles facilitate attempts to interrelate animal responses with those of humans. At the Argonne National Laboratory, the University of Utah, the University of California, Davis, the Lovelace Inhalation Toxicology Research Institute, and the Pacific Northwest Laboratories, populations of beagles are kept under careful experimental observation. In these lifetime studies, periodic clinical examinations and laboratory analyses are performed on all exposed and control animals, and complete data on gross pathology and histopathology are collected. Accumulated data increase our knowledge of lifespan, age-related changes, morbidity, mortality, and causes of death in normal animals, as well as alterations in these characteristics that may be induced by radiation. Lifetime studies currently in progress focus primarily on late-appearing somatic and genetic effects. Included are studies of external radiation (gamma radiation) and internally deposited radionuclides administered by inhalation, ingestion, or injection. All ongoing studies involve careful dosimetric measurements and the acquisition of dose-response data. Because of cost and time, lifetime studies of beagles were initiated on a highly selective basis, and currently no new studies are being started. No energy related agent other than ionizing radiation has yet been evaluated via a lifetime study in a long-lived animal.

RESEARCH DIRECTLY CONCERNED WITH AGING

Interest in biological aging has continued in several of the Department of Energey Laboratories and has resulted in additional research at the molecular, cellular, and organismal levels of biological organization. Examples include (a) research at the Lovelace Inhalation Toxicology Research Institute on effects of age on lung function and structure of adult animals and (b) effect of age on the efficacy of zinc diethylenetriamine-pentaacetic acid (Zn-DTPA) in the removal of americium and plutonium from mammalian organisms.

TRENDS AND PROSPECTS

Given the need to assess long-term and late-appearing effects of hazardous agents associated with energy technologies, lifetime studies of animal and human populations will continue. There is a particular need for lifespan data on responses to individual chemical agents and to combinations of toxic chemicals. In future research, lifetime studies involving short-lived species will be emphasized. No new lifetime studies involving long-lived animals are planned. Effort in research on molecular and cellular aspects of aging in mammalian species is expected to increase. Therefore, additional data on age-related changes in both animals and humans should be forthcoming in the future.

ITEM 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES

JANUARY 6, 1986.

DEAR MR. CHAIRMAN: In response to your request, we have prepared several annual reports on our Department's programs and services for the elderly, to be included in your Committee Report entitled, *Developments in Aging*. Reports from the following agencies are attached:

Public Health Service; Health Care Financing Administration; Social Security Administration; Office of Inspector General; Office of General Counsel; National Institutes of Health; National Institute on Aging; National Center for Health Statistics; National Center for Health Services Research; Office of Human Development Services; Centers for Disease Control; Food and Drug Administration; Health Resources and Services Administration; and Office of the Assistant Secretary for Planning and Evaluation.

Sincerely,

LAWRENCE J. DENARDIS,
Acting Assistant Secretary for Legislation.

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) serves as the principal advisor to the Secretary on policy development and/or management decisions for all population groups served by the Department, including the elderly.

The long-range goal of policy research in this office is to provide factual information for use by departmental decisionmakers in the development of new policies and the modification of existing programs. This office is responsible for the major decisions and support activities which encompass legislation development, planning, policy analysis and research evaluation oversight.

Aging is a major cross-cutting area of concern at ASPE. Specific grants and contracts which include the elderly and aging as a major focus group are listed individually in this report. In addition, there are a number of research, evaluation and coordination activities which integrate aging concerns with those of other population groups. For instance, the elderly are included in studies dealing with health care delivery, measurements of poverty, State-Federal relations and public and private social service programs. ASPE maintains two national clearinghouses. Project SHARE disseminates information about human service projects in the public and private sector. The ASPE Evaluation Document Center contains completed reports of all ASPE-sponsored studies.

During 1985, staff of the Office of the Assistant Secretary for Planning and Evaluation undertook the following special aging projects:

Report to Congress on Alzheimer's Disease.—In response to a Congressional request to the Department of Health and Human Services for information about the financing of care for persons with Alzheimer's disease, ASPE staff prepared a 40-page report which was issued in February 1985. The major Federal programs which assist persons with this condition were described and an analysis of the policy issues regarding the financing of care was provided.

Secretarial Respite Care Initiative.—ASPE assisted a new Secretarial initiative on Respite Care for Family Caregivers by preparing analytic background materials and having Project SHARE produce a respite care manual.

Family Violence.—Staff support to the Office of the Secretary was provided for its activities dealing with family violence. A compendium of all Federal programs dealing with family violence, including abuse of the elderly, was prepared by ASPE and is in the process of being updated. Project SHARE prepared a family violence resource kit which included a major segment on the elderly.

List of Research Projects Active in 1985

THE NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION

The National Long-Term Care Channeling Demonstration, or Channeling, is a 40 million dollar intra-departmental initiative designed to test, under rigorous experimental conditions, the extent to which a community-based long-term care system that combines case management, care planning and the delivery of health and social services is a cost-effective alternative to the present medical/institutional system of long-term care. The Channeling concept was the outgrowth of over a decade of prior study and experimentation in the field of community-based long-term care.

Channeling has been underway since 1980 and a final summary report is due in the Spring, 1986. The three sponsoring agencies are the Health Care Financing Administration (HCFA), the Administration on Aging (AoA), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Department of Health and Human Services. Overall project management has been the responsibility of ASPE. Ten States participated in the demonstration: Florida, Kentucky, Maine, Maryland, Massachusetts, New Jersey, New York, Ohio, Pennsylvania and Texas. Temple University provided technical assistance to the demonstration and Mathematica Policy Research conducted the evaluation.

Two models or variants of Channeling were tested: (a) the Basic Case Management Model superimposed a coordinating and accountability mechanism—case management—onto the present system of community services; (b) the Financial Control Model also included case management and, in addition, permitted case managers to authorize and pay for community services; however, expenditures could not exceed 60% of the SNF/ICF rate in the project catchment area. Under a randomized experimental design, research sample members in both the treatment group and control group were followed for a period of eighteen months. A total sample of 6,327 persons was generated for the demonstration.

Further analysis of the Channeling data are still in progress but the following are some of the major findings to date:

—The population served by Channeling was extremely frail, had low incomes and reported many unmet needs. The average age was 80 years, the average income was $542 a month, 84% were restricted in their ability to perform activities of daily living (ADL), 52% were incontinent and 47% had been admitted to a hospital in the two months prior to Channeling.

—Channeling's comprehensive case management services were implemented largely according to plan for the treatment group, but a substantial minority of the control group also received case management from other sources.

—Channeling substantially increased the receipt of formal community services; this increase was particularly noteworthy in the Financial Control Model. For example, Channeling increased the number of in-home visits at 6 months by 17% in the Basic Model and 76% in the Complex Model.

—Despite the increase in case management and formal community services, Channeling did not affect either hospital or nursing home use under either model. At 18 months, approximately 18% of the sample was in a nursing home.

—Channeling did not affect mortality rates under either model, although the sample as a whole was at a high risk of dying. At 18 months, approximately 35% of the sample had died.

—There was no evidence that Channeling, under the Basic Case Management Model, led to substitution of formal for informal care. However, under the Financial Control Model where case managers had authority to purchase new services, Channeling did lead to modest substitution. Where this occurred, it was the result of reductions in the amount of care by friends and neighbors. The amount of care provided by family members was not reduced.

—Channeling did improve the well-being of caregivers by some measures. It increased the proportion of primary caregivers under both models who were very satisfied with care arrangements. It increased the overall life satisfaction expressed by primary caregivers and reduced caregiver stress.

—Channeling reduced reported unmet needs, increased confidence in receiving needed services and increased satisfaction with service arrangements for clients. There were small but generally beneficial effects on social and psychological well-being.

SYNTHESIS OF COST STUDIES ON THE LONG-TERM CARE OF HEALTH IMPAIRED ELDERLY AND OTHER DISABLED PERSONS

With George Wright and Tecla Jaskulski as principal investigators, Macro Systems, Inc. has completed a synthesis of research studies which assess the relative costs of care in institutional vs. community-based settings for three populations: the mentally retarded/developmentally disabled; the frail or impaired elderly; and the physically handicapped who are not mentally retarded.

Three general trends were noted in the studies of the cost of care of the frail/impaired elderly:

—Total program costs have tended to increase when home and community-based care services are made available, because they act more to supplement rather than substitute for institutional care.

—Average costs of home and community-based care packages are less expensive than nursing home costs.

—Control over access to publicly supported institutional care may have more potential for cost containment than the availability of home and community-based services.

Funding: Fiscal year 1984, $88,793.

NATIONAL LONG-TERM CARE SURVEY

The National Long-Term Care Survey of 1982 was jointly undertaken by ASPE and the Health Care Financing Administration. It is a detailed interview study of the 65 and over population who are not living in hospitals, nursing homes or other institutions. The Survey was designed to provide nationally-representative data on:

—The pattern of functional limitations;

—The kind and amount of health and social services, and of informal services received by impaired individuals, and information on caregivers;

—Age, race, sex, education and veterans status;

—The cost of services, health insurance, and the ability to pay of the impaired person;

—Attitude and psychological questions;

—Housing and neighborhood characteristics and

—Cognitive functioning.

Approximately 6,400 impaired elderly persons were selected for detailed interviews out of an initial screen of over 36,000 Medicare enrollees. The public use tape is now available through the National Technical Information Service.

THE STRUCTURE OF THE NURSING HOME INDUSTRY

Catherine Hawes, at the Research Triangle Institute, is principal investigator of a study of the structure of the nursing home industry, examining the growth of the industry over time, the emergence of large chains of nursing homes, the interface between nursing homes and hospitals on one end of the scale and between nursing homes and board-and-care homes at the other, and the response of the industry to changes in reimbursement patterns and regulation. The grant was awarded in September 1984, and lasts for sixteen months. A draft report is due in January, 1986.

Funding: Fiscal year 1984, $80,852.

Private Financing of Long-Term Care: Current Methods and Resources

ICF Incorporated has completed a study of potential barriers to private financing of long-term care. Key findings were as follows:

—Reduction of annuity rigidity from pensions other than Social Security does not seem to be a viable means of increasing private sector financing of LTC currently because only one-third of the elderly receive pension benefits and, on average, the benefits are not large.

—Home equity conversion programs would have an even smaller impact on the ability of the elderly to finance privately long-term care services although one-half of elderly families have over $10,000 in home equity.

—The ease in transferring assets in order to become eligible for Medicaid is a major barrier to the use of personal resources to finance long-term care.

Financing: Fiscal year 1982, $102,848; Fiscal year 1983, $98,778.

Evaluation of Constant Attendance Allowances: Relative Efficiency and Impact on Informal Caregivers

John M. Grana of Project HOPE serves as Pricipal Investigator of this study of the relevance of an attendance allowance in national long-term care policy. A constant-attendance allowance is a cash benefit paid to a permanently disabled person who requires full- or part-time care by another person at home. Participants in the aid-and-attendance program of the Veterans' Administration were surveyed in four different communities. The analysis of the data should be completed early in 1986.

Funding: Fiscal year 1985, $97,152.

Sustaining Family Caregiving of the Elderly: Housing, Family Support and the Demand for Institutional Care

Raymond Struyk, serves as Principal Investigator at the Urban Institute for an examination of how housing or other contextual attributes facilitate family caregiving to the elderly, thereby lowering the demand for institutional care. The data base for the study is the Long-Term Care survey, including the survey of informal caregivers, collected in 1982 by the Bureau of the Census for DHHS. The final report of this one-year project is due in August 1986.

Funding: Fiscal year 1985, $99,143.

State Regulation of the Supply of Long-Term Care Services

Past efforts to model the supply of long-term care have not yielded useful results. One reason often cited for the failure of traditional economic models to predict the supply of long-term care is that the States control the supply of nursing home beds, either directly through a Certificate of Need requirement, or indirectly through licensure and reimbursement policies. To examine this possibility, a contract was signed with Abt Associates to study State regulation of the supply of long-term care services. They will collect information on the processes by which States attempt to regulate the supply of nursing home beds and home health services, and data on the supply of beds and of home health services over time. The study is expected to be completed by September 1986.

Funding: Fiscal year 1984, $110,000.

Comparative Study of State Approaches to Long-Term Care Reform

The National Governors Association has been awarded a grant to conduct a comparative study of State approaches to long-term care systems reform. The experience and progress of six to nine States in gaining control over the costs, targeting and the delivery of an integrated system of community and institutional long-term care services will be compared and assessed. The study will compare State philosophies in long-term care reform and catalogue barriers to long-term care reforms at the Federal, State and local levels and describe alternative strategies for overcoming them. The study should yield models of experience which could assist States that have not moved as far toward a statewide coordinated system as those States selected for this study. It should also assist Federal long-term care strategies to support statewide systems reform efforts.

Funding: Fiscal year 1985, $180,000.

EVALUABILITY ASSESSMENT OF THE IMPACT OF THE MEDICARE PROSPECTIVE PAYMENT SYSTEM ON LONG-TERM CARE

The Urban Institute has completed work on an evaluation strategy for investigating the impact of the Medicare Prospective Payment System (PPS) on the long-term care population and the long-term care system. Potential patient, facility and system-level changes that may result from the implementation of PPS have been identified and methodologies for examining the impact of those changes were also developed.

Funding: fiscal year 1985, $129,891.

DATA ON HEALTH OF THE ELDERLY

Under joint sponsorship of several agencies in DHHS and outside, a National academy of Sciences panel is carrying out a complete review of data relating to a wide array of aging health issues including: health status and characteristics of people in a variety of long-term care settings; projections of need for long-term care at different geographical levels; HMO coverage of the elderly; allocation of Medicare and Medicaid cost increases by underlying cause; numbers and needs for various medical personnel trained to provide health care to the elderly; changes in health care needs and functioning of various groups of the elderly over time; mental health status of the elderly. The panel will issue a data inventory, papers on issues in aging, and a full report on issues, data and methodology.

Funding: fiscal year 1985, $86,000.

PANEL STUDY OF INCOME DYNAMICS

Through an interagency consortium coordinated by the National Science Foundation (NSF contributes approximately $1.5 million per year), ASPE assists in the funding of the Panel Study of Income Dynamics (PSID). The Institute for Social research at the University of Michigan conducts the PSID which is a nationally representative longitudinal survey begun in 1968. Data have been collected annually since 1968 on household income, composition, and attitudes and are used to get an accurate picture of the relative standards of living of the poor and the elderly.

Funding: fiscal year 1985, $300,000.

DATABOOK ON RETIREMENT AND THE ELDERLY

Robert L. Croslin serves as principal investigator at Macro Systems, Inc. for this project which will produce a databook that summarizes and updates what is known about retirement and the elderly. Information will be compiled on the characteristics of retirees and the elderly (e.g., financial, demographic, health, etc.).

Funding: fiscal year 1985, $89,000.

SURVEY OF CONSUMER FINANCES

The Survey of Consumer Finances is run by the Survey Research Center at the University of Michigan. It has been funded by ASPE and several agencies, including the Federal Reserve Board, to provide data on the wealth-holding patterns of American families. The first survey was conducted in 1983, providing a balance sheet of the assets and liabilities of families, including their pension wealth. A second wave of the survey is now being run, and will be ready for analysis in FY 1987. There may also be a third wave, which would provide information on intra-family transfers and allow computation of the amount of saving done by the families over time. Analysis of the present and future SCF data will allow prediction of the degree to which pensions, support from children, IRA's, and other household savings will provide retirement wealth in the future. The data will also allow us to determine how the relative importance of these different sources of retirement wealth have been affected by recent changes in government policy. Among the many issues for which this information is important are the effects of IRAs on savings in the economy, the treatment of women by private pension plans and the adequacy of retirement income.

Funding: fiscal year 1984, $130,000.

THE ECONOMIC STATUS OF THE ELDERLY

Timothy M. Smeeding, Director of the Division of Social Science Research at the University of Utah completed two related studies for ASPE in 1984 and 1985 which have produced some significant findings on the economic status of the elderly. The first study, "Nonmoney Income and the Economic Status of the Elderly", completed in 1984, concluded that taking account of all major sources of non-money income among the elderly raises their economic status significantly. Specifically—

—All income groups, including the elderly with average incomes of $30,000, received more in cash and in-kind transfers than they paid in direct taxes during 1979.

—Average non-money income among the elderly was $2,428 in 1979, almost 25 percent of their after-tax money incomes. The more sources of non-money income that can be accounted for, the greater the degree of equality in the distribution of well-being among the elderly.

—Moreover, based on roughly comparable data from 1973, the trend is toward greater equality in this distribution among the elderly over time.

—At the same time, a significant group of middle-income elderly, whom Smeeding calls the " 'tweeners", have cash incomes between the poverty line and twice the poverty line. Sixty percent of these middle income elderly are subject to two or more conditions of economic insecurity related to poor health insurance protection, high housing costs, or reliance on OASI as the primary income source. Increases in Medicare cost-sharing and across-the-board OASI cuts are more likely to hurt the 'tweeners than any other group of the elderly.

A follow-up study by Smeeding on "Full Income Estimates of the Relative Well-Being of the Elderly and the Non-Elderly" was issued in May 1985. That report strengthens the conclusions of a number of economists that the elderly have on average, a high absolute (and relative to the younger population) level of economic well-being.

Study results indicate—

—The elderly are no more or less vulnerable to inflation than any other group in the population—i.e., they do *not* by and large live on "fixed incomes". There is also evidence that the elderly do not decumulate their substantial assets as they age and that among all population age groups, the elderly experienced the largest increase in real income between 1979 and 1983.

—The relative incomes of the elderly as compared to the nonelderly increased substantially between 1973 and 1979 owing to both a relative decrease in taxes and also to the rapid rise of in-kind income—particularly imputed rent to owner-occupiers and medical care transfers.

—Comparisons of the well-offness of the elderly versus the nonelderly, and measures of income inequality need to consider *both* in-kind transfers and employment-related benefits. The former have a large impact on the income of the elderly and the poor while the latter substantially affect the nonelderly.

—It appears the average older person is probably even better off now than in 1979. But due to higher unemployment, reduced progressivity of taxes, and substantially slower growth in income transfer benefits over this period, income inequality across the older population has increased since 1979.

DISABILITY AND LONG-TERM TRENDS IN HEALTH STATUS

The last twenty years have brought improvements in health status, physical fitness, and job safety, yet an increasing incidence of disability has been reported, especially among men of older working age. Principal Investigators Robert Haveman and Barbara Wolfe at the University of Wisconsin, Institute for Research on Poverty are studying whether disability is actually more extensive now or if it is simply being reported more accurately because of the growing emphasis on fitness and environmental and safety factors. Other areas of inquiry will be: Do those at risk of disability now live longer because health problems are better detected, then treated? In terms of economic well-being, what role has been played by increased public transfers to the disabled?

Funding: Fiscal year 1985, $226,324.

RESEARCH ON RETIREMENT AND AGING

ASPE is funding the Brookings Institution, with Alice Rivlin and Gary Burtless as principal investigators, to coordinate a series of studies on retirement and aging which will be issued as a Brookings publication in 1986. The series includes:

Social Security Survivors Insurance.—(Alan Auerbach, University of Pennsylvania, and Laurence J. Kotlikoff, Yale University.) The Retirement History Survey will be used to investigate the effect of survivors insurance—which distributes about $20 billion in benefits each year, mostly to women—on the welfare of the elderly and to determine the impact of the program on the private provision of life insurance.

The Efficiency Cost of Social Security Taxation.—(Alan Auerbach, University of Pennsylvania, and Laurence J. Kotlikoff, Yale University.) A simulation model will be used to contrast the effect of a social security system in which benefits are (or are perceived to be) essentially unrelated to contributions to an alternative system in which social security benefits are directly linked to an individual's tax contribution.

Occupation, Industry and Health and Their Effects on Retirement Age.—(Gary Burtless, Brookings Institution.) The Retirement History Survey will be used to study the influence of past work experience on health and mortality and then estimate the differential impact of health impairment on retirment age in different industries and occupations. The first goal of the study is to measure the influence of industry, occupation, and earnings on the health status and mortality experience of men aged 58 to 72.

The Effect of Health and Unemployment on Retirement and Consequences for Post-retirement Consumption.—(Jerry A. Hausman, MIT.) The RHS will be used to examine the effect of two unexpected events—onset of poor health and layoff from a lifetime job—on retirement patterns of older workers and to determine the consequences of unexpectedly early retirement on income and consumption levels of retirees.

Analysis of Time Series Trends in Labor Supply and Social Security.—(Robert Moffitt, Rutgers University.) Cross-sectional studies show that social security has had marked effects on the labor supply of older men. This study will attempt to confirm or refute the main cross-sectional findings using time-series analysis.

Health Care, Demography, and the Aged.—(James M. Poterba, MIT and Lawrence H. Summers, Harvard University.) Movements in death rates and life expectancy will be investigated to attempt to infer the main implications of current health status of the elderly.

Implications of Recent Trends in Employment and Marital Patterns of Women.—(Douglas Wolf, Urban Institute.) Data from the National Longitudinal Survey and the Panel Study of Income Dynamics will be used to estimate a joint longitudinal model of marriage and employment which can be used to obtain projections of the combined marital and employment histories of women reaching age 65 during the period 1990–2020.

TAXPAYER AND EMPLOYER PROVISION OF FRINGE BENEFITS

Stephen A. Woodbury and Wayne Wendling are the principal investigators at the Upjohn Institute developing a model to predict changes in the mix of total compensation in response to changes in personal and corporate income taxation and other Federal policies. They will measure differences in the employers' cost of providing different benefits as a way of estimating tradeoffs between components of the fringe-benefits package, particularly between health benefits and pension benefits. The project is scheduled for completion July 31, 1986.

Funding: Fiscal year 1984, $71,650.

TAX-DEFERRED INDIVIDUAL SAVINGS ACCOUNTS

David A. Wise and Steven Venti are the principal investigators at the National Bureau of Economic Research for an examination of the determinants of whether a person contributes to an IRA, the determinants of the level of contribution given that a contribution is made, and the net effect on total savings of contributions to an IRA. The study will be completed in April 1986.

Funding: Fiscal year 1984, $60,621.

NATIONAL DIVORCE SETTLEMENT MODEL

Janet Griffith and her colleagues at the Research Triangle Institute will model and estimate the effect of various social, economic, and legal factors on property settlements and alimony awards in divorce, using data from the 1982 Current Population Survey supplement on child support, alimony, and property settlements. The results are expected to provide a foundation for analysis of the extent to which property settlements implicitly take account of the social security earnings records which the law currently does not allow to be explicitly shared. The project is scheduled for completion in April 1986.

Funding: Fiscal year 1984, $69,494.

AN INVESTIGATION OF THE DETERMINANTS OF PENSION CHOICE AND ITS SUBSEQUENT EFFECTS ON ECONOMIC HARDSHIP AMONG WIDOWS

Richard Burkhauser and Karen Holden at the University of Wisconsin, Institute for Research on Poverty are investigating election by retiring workers of the joint-and-survivor option in pension plans. The project is scheduled for completion in April 1986.

Funding: Fiscal year 1984, $82,817.

PENSION PREFERENCES; A THEORETICAL MODEL AND EMPIRICAL ESTIMATION OF DIFFERENCES BETWEEN MALE AND FEMALE WORKERS

Douglas A. Wolf and Sheila Zedlewski at the Urban Institute are estimating the demand for pensions (as opposed to wages) by men and women, including analysis of whether pension expectations of husbands affect the pension demands of wives. The project is scheduled for completion in April 1986.

Funding: Fiscal year 1984, $96,963.

WOMEN AND PENSIONS

David Kennell at ICF Inc. is the principal investigator of this study which will use the 1983 CPS pension supplement to improve the PRISM simulation model to have pension coverage vary by gender and, for women, by marital status and other variables, and to improve the modeling of the decision to accept the joint-and-survivor option. The study will be completed in April 1986.

Funding: Fiscal Year 1984, $104,640.

AN INTERINDUSTRY ANALYSIS OF EMPLOYER PAYROLL TAX INCIDENCE

Wayne Vroman at the Urban Institute will estimate the extent to which the portion of the payroll tax that is levied on employers is, in the short run, shifted forward in the form of higher prices, shifted backward in the form of lower wages, and absorbed as reduced profits. April 1986 is the completion date of this project.

Funding: Fiscal Year 1984, $77,742.

SAVING BEHAVIOR OF THE ELDERLY

Michael D. Hurd at the National Bureau of Economic Research will investigate the basic facts of consumption and saving by the elderly, using longitudinal data (i.e., the Retirement History Survey). The investigation will consider such factors as changes in family composition, windfall gains from social security, and valuation of assets such as social security and Medicare. June 1986 is the completion date for this study.

Funding: Fiscal Year 1984, $118,289.

SAVING BEHAVIOR OF OLDER HOUSEHOLDS

Paul L. Menchik and his colleagues at Michigan State University will use a longitudinal data set (the National Longitudinal Survey) to construct a total household saving function. The work will test the determinants of bequests and the effect on savings of the desire to leave a bequest. July 1986 is the scheduled completion date of this study.

Funding: Fiscal Year 1984, $73,949.

EXTENDING THE DISABILITY ANALYSIS OF HEALTH DATA TO AGE SIXTY-FIVE AND BEYOND

This project which began in May 1982 is using data from the Framingham Heart Study to examine the effects of raising the age of eligibility for social security retirement on individuals who may not benefit from increase in longevity experienced by the population as a whole because they are engaged in physically demanding employment or because they are unable to extend their working careers for health reasons. Gerald Gordon and Ilana Plotkin-Israel at Boston University are principal investigators for this ongoing study.

Funding: Fiscal Year 1982, $44,870; Fiscal Year 1983, $281,404; Fiscal Year 1985, $44,332.

PENSIONS PROVISION PROJECT

The National Bureau of Economic Research with Zvi Bodie and associates as principal investigators is coordinating a series of studies on pensions which will be completed in 1986 and issued as an NBER publication. The overall project was funded in April 1983 for $503,000 and consists of the following:

Index Bonds and Private Pensions: The British Experience.—(Zvi Bodie, Boston University, and James Poterba, MIT.) The effect of issuing price index-linked bonds on pension systems will be studied by examining the British experience with indexed bonds.

Defined Benefit Versus Defined Contribution Pension Plans: What are the Real Trade-Offs?—(Zvi Bodie and Alan Marcus, Boston University.) The features of each type of plan from the perspectives of the sponsor and of the beneficiary will be analyzed.

The Impact of Pensions on the Elasticity of Saving With Respect to the Rate of Return.—(Douglas Berhneim and John Shoven, Stanford University.) Because of the long duration of defined benefit pension obligations, the current value of the pension liability is extremely sensitivity to interest rates; the net liability of pensions falls when interest rates rise, which may cause firms to slow or even halt their contributions to pension funds. The negative elasticity, if not offset elsewhere in the economy, can have important consequences in the tax and pension areas.

Further Work on Replacement Rates for the Elderly.—(Michael Boskin and John Shoven, Stanford University.) The distribution of replacement rates with particular attention to those who have low resources in retirement will be examined.

The Effect of Pension Plans on the Allocation of Capital in the U.S.—(Alan Auerbach, University of Pennsylvania.) The effect of the shift of funds into pension plans on the allocation of real investment in the U.S. economy will be evaluated.

An International Comparison of Pension Arrangements.—(Masahairo Aoki, National Bureau of Economic Research.) Japanese and American pension plans and their effects on labor market efficiency and retirement behavior will be studied.

The Structure and Funding Status of State and Local Government Pension Plans.—(David Wise, Harvard University.) Using data from the latest Bankers' Trust Survey of public pension plans, research is being undertaken on the funding status as well as the major provisions of a large sample of State and local government pension plans.

Unions and Pensions.—(Richard Freeman, Harvard University.) The impact of unions on the existence of pension plans and the level of benefits will be studied.

IRA and Keogh Plans.—(David Wise, Harvard University.) The determinants of participation in these voluntary tax-favored individual retirement plans will be explored.

Plan Design and the Impact of ERISA.—(Richard Zeckhauser, Harvard University.) An examination of whether there is any reason for the government to insert itself in the process that determines pension plans, or to consider pension plan legislation.

EMPLOYMENT AND JOB CHARACTERISTICS STUDIES

James H. Schultz at Brandeis University is expanding and enhancing a recently completed study that examined the retirement decision for workers in the Polaroid Corporation. Descriptive and econometric analyses of the impact of financial factors on workers to estimate a structural model of the retirement decision. The study is scheduled for completion in October 1986.

Funding: Fiscal year 1985, $83,000.

JOB CHARACTERISTICS—HEALTH INTERACTION EFFECTS ON EARLY RETIREMENT

Gil Nestel at Ohio State University will analyze the extent to which job characteristics and health status may interact to increase the likelihoodl that older workers retire early. By combining work and health-related data, the casual pathway through which job characteristics exert influence on early withdrawal from the work force can be evaluated. The study is to be completed October 1986.

Funding: Fiscal year 1985, $73,355.

STRATEGIES FOR PREVENTING ILL HEALTH AND DISABILITY AMONG THE ELDERLY

The first phase of this project will be a workshop to be held by the Brookings Institution in the spring of 1986 to review the state of knowledge about preventive health practices and work capacity of the elderly. Prevention offers promising avenues for improving the health of people in middle and older age. There is a growing body of evidence indicating that some of the major causes of illness and disability can be prevented. This project will focus on how to define and measure those preventive strategies with the greatest potential benefits, relative to their costs. Since little quantitative work has been done in linking prevention to work capacity, the first step is a workshop. The goal of the workshop is to agree on a valid methodology for studying the cost-effectiveness of prevention, to assess the readiness of specific prevention strategies for evaluation, to agree on basic methodological standards, and to identify the best sources of data. The workshop will last for two days and will be attended by experts in public health, medicine, and economics. Six to eight brief papers will be presented and a report summarizing the workshop will be produced. If the workshop is successful, the second phase of the project, the analytic/evaluation work necessary for developing effective preventive strategies, will be conducted.
Funding: 1985, $94,044.

HOSPITAL CAPITAL FINANCING

IFC, Incorporated is undertaking a multi-year assessment of information for a report to Congress on capital-related costs as required by the 1983 prospective payment legislation. As part of a Departmental effort to prepare the study, a number of selected issues are being examined including: the current Medicare system and how it relates to capital costs, hospital capital investment, and current non-Federal capital payment approaches. The final report suggests an approach to coordinating capital into the prospective payment system.
Funding: Fiscal year 1985, $340,000 (total funding: $778,936).

TECHNOLOGY ASSESSMENT

Lewis Associates is carrying out a design study which is evaluating the process and policies by which technology/coverage decisions are made which determine the appropriateness of Medicare reimbursement for new and potential obsolete medical practices or technologies.
Funding: 1985, $200,000.

OFFSET ANALYSIS OF THE MEDICARE MENTAL HEALTH DEMONSTRATION

Macro Systems is examining the extent to which Medicare mental health services preclude the need for other forms of health care.
Funding: Fiscal year 1986, $80,000.

ANALYSIS OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICES UNDER MEDICARE PART A (DRG's)

Ben Duggar of PMA/JRB is carrying out a study to reabstract claim data in an attempt to better understand DRG coding and length to stay in alcohol and drug-related Medicare admissions.
Funding: Fiscal year 1986, $170,000.

ALTERNATIVE APPROACHES TO CONSERVATORSHIP AND PROTECTION OF OLDER ADULTS REFERRED TO PUBLIC GUARDIAN

Raymond M. Steinberg served as principal investigator for this study carried out at the Institute for Policy and Program Development, Ethel Percy Andrus Gerontology Center, University of Southern California. The purpose of the study was to examine the cases of vulnerable adults referred to the Los Angles Public Guardian for conservatorship during the first quarter of 1985 to identify service system and policy gaps which might impede the use of less restrictive alternatives. In a report issued in October 1985, the following findings emerged:

—Numerous nursing home residents without families do not have surrogates to act as responsible parties.

—Many older persons are labeled as having mental or physical impairments which are not verified, leading to inappropriate levels of care and inattention to rehabilitation.

—Conservatorship requires more extensive monitoring and access to technical assistance.

—Assistance with the management of money for frail persons who do not need conservatorship is a major gap in the service system.

—People who refuse services or medical treatment do not necessarily need conservatorship but skillful casework does make a difference in some cases.

Funding: Fiscal year 1985, $83,869.

PROPOSED ASPE ACTIVITIES

For FY 1986–87, the principal focus of the Office of the Assistant Secretary for Planning and Evaluations is on the collection and analysis of information to support development of strategies to hold down the costs of publicly financed health care, income assistance and human services; and to stimulate the increased provision of such aid by the private sector.

Among some of the new projects which ASPE is considering for the future which would involve the elderly and aging are the following:

—The impact of the Prospective Payment System on long-term care/quality of care

—PPS/LTC—measuring the appropriateness of care

—A secondary analysis of long-term care data sets

—Retirement programs and the economy

—The impact of earmarks on block grants

—The future of the SSI program

—A study of federally-funded social services for the elderly

—Cross-cutting aging and disability synthesis

OFFICE OF HUMAN DEVELOPMENT SERVICES

ADMINISTRATION ON AGING

REPORT FOR FISCAL YEAR 1985

INTRODUCTION

This report describes the major activities of the Administration on Aging (AoA) in fiscal year 1985. Title II of the Older Americans Act of 1965 (the Act) established the Administration on Aging as the principal Federal agency for carrying out the provisions of the Act. The provisions of the Older Americans Act attempt to remove barriers to economic and personal independence for older persons and assure the availability of appropriate services for those older persons in the greatest social or economic need. The provisions of the Act are implemented primarily through the establishment of a national "network on aging" consisting of the Administration on Aging at the Federal level, State Units and Area Agencies on Aging established under Title III of the Act, and the agencies and organizations providing direct services at the community level. In fiscal year 1985, Congress appropriated $701,400,000 to support programs and activities to implement the provisions of the Act, which are adminstered by AoA. This excludes $200,000 available for the Federal Council on Aging under the Older Americans Act appropriation. (See Appendix I for a summary of AoA's budget for fiscal year 1985.)

This report is divided into four sections. Section I describes AoA's roles and functions. It highlights various activities undertaken by AoA in partnership with other Federal agencies and private organizations to foster the coordination of Federal programs related to older persons. Section II provides an overview of the provisions of Title III of the Older Americans Act, and summarizes the principal activities of the network of State Units and Area Agencies on Aging in fiscal year 1985. Section III describes the Title VI program of grants to Indian tribal organizations. Section IV presents a summary of AoA's fiscal year 1985 discretionary activities under Title IV, and a description of the fiscal year 1985 activities conducted under AoA's Long-Term Care Program. Section V outlines AoA's fiscal year 1985 evaluation activities. The report is followed by a series of Appendices which include additional information on the subjects covered in the body of this report.

SECTION I. THE ADMINISTRATION ON AGING

ROLE AND FUNCTION OF AOA

The Administration on Aging (AoA) is located in the Department of Health and Human Services (DHHS). AoA programs are administered through a Central Office located in Washington, D.C. and 10 Regional Offices. Title II of the Older Americans Act, as amended, describes the basic roles and functions of AoA. Chief among these are to administer the programs authorized by Congress under Titles III, IV, and VI of the Act, and to serve as an effective and visible advocate for older persons within the Department and with other agencies and organizations.

The AoA Regional Offices provide direction and guidance to the State Units on Aging funded under Title III. They assist Governors and other State officials with planning and program implementation, approve Title III State plans, and monitor the collection of Title III performance data. Regional Offices also administer selected discretionary grants, including some model projects and training grants authorized under Title IV.

AoA provides advice, assistance and consultation to the Assistant Secretary for Human Development Services, the Secretary of Health and Human Services, other Federal agencies, and to Congress on the characteristics, circumstances, and needs of older persons. The Agency also reviews and comments on departmental policies and regulations concerning services which affect the health and general well-being of older persons.

A major responsibility of the Administration on Aging is to provide leadership to other Federal agencies and the national network on aging relative to their efforts on behalf of the elderly. Toward this end, AoA has developed and implemented a variety of special initiatives aimed at improving the quality of life for older persons. Examples of special initiatives undertaken during fiscal year 1985 are described below.

HEALTH PROMOTION INITIATIVE

Recognizing the personal and societal benefits of healthier lifestyles in improving the lives of older persons, AoA and the Public Health Service (PHS) have jointly undertaken a multi-year effort to encourage States and local communities to develop health promotion activities for older Americans. The goals of the National Health Promotion Initiative for Older Persons include: (1) Enhancing the quality of life for older Americans through improvement of their health status; (2) focusing attention on health promotion and disease prevention especially in the areas of injury control, nutrition, physical fitness, and drug management; and (3) reducing health care costs caused by preventable conditions.

This report summarizes the major accomplishments related to the implementation of the joint PHS/AoA Health Promotion Initiative in fiscal year 1985 for both Central Office and Regional Office activities. Progress continued in implementing this nationwide joint initiative, which was launched in May of 1984. Close and productive working relationships have been developed and are being maintained between PHS and AoA in order to assure effective coordination between the two agencies.

The strategy of the joint PHS/AoA Health Promotion Initiative is to facilitate collaboration between State and local health departments, State and Area Agencies on Aging, and appropriate voluntary organizations at the local level. AoA and PHS provide both the leadership for this effort and written materials for use in designing and implementing local programs.

All States and jurisdictions now have designated lead State agencies. In fiscal year 1984, nineteen States had established State-level coalitions, with many more in the planning stage. By the end of fiscal year 1985, there were 38 State coalitions with others still in the planning stage.

The Aging Health Policy Center at the University of California at San Francisco completed four documents: "Directory of Health Promotion Programs," "Resource Guide to Nutrition," "Resource Guide to Injury Control," and "Resource Guide to Drug Management." These documents will be printed in fiscal year 1986 and will be disseminated both to State agencies with lead responsibilities for health promotion as well as to other State agencies who will serve as "back-ups" for these efforts; to State coalitions on health promotion, area agencies on aging, and national organizations involved with health promotion and health care for older persons; and, to other interested parties. Two other health promotion publications developed by the Aging Health Policy Center were shipped to designated State agencies. Six thousand packages of the two publications: "Strategies for Action" (Process Guide) and "Annotated Bibliography" were printed and distributed.

AoA worked with the National Voluntary Organizations for Independent Living for the Aging (NVOILA), a component organization of the National Council on the Aging (NCOA), in the implementation of their "Project Wellness." This project involves mobilizing the resources of a number of national voluntary aging organizations in a nationwide health promotion effort.

AoA met with various organizations and encouraged them to support the joint initiative. Meetings were held with the American Bowling Council, the American Foundation for the Blind, the President's Council on Physical Fitness and Sports, the American Hospital Association, the American Podiatrist's Association, the American Optometrist's Association, and the Wheat Industry Council.

The Sixth Commissioner's Forum on Aging was held in Dallas, TX, on December 10, 1984. The theme of the Forum was "Health: Nutrition and Wellness—Make It Last a Life Time." Over 500 attendees, who represented a broad cross-section of persons, participated in several workshops. Some of the subjects discussed in these workshops addressed ways to improve the coordination of nutrition and supportive services; creative ideas for involving the private sector food industry; clean water and food; kitchen sanitation; chemicals in foods—snacks and junk foods; physical fitness and nutrition; prevention and community care; continuum of core nutrition services; and future directions.

AoA sent out an Information Memorandum (IM) for State Units and Area Agencies on Aging which described the PHS Media Campaign and outlines the projected timetable. Attached to the IM were copies of two of the PHS Program Memoranda on the Healthy Older People Campaign.

AoA issued guidance to the AoA Regional Offices on the Health Promotion Initiative. The guidance contained information on the use of funds allocated to the Regions for a variety of initiatives, including health promotion. All regions reported activities utilizing these funds for health promotion including regional conferences and seminars.

An informal reporting system collects information on the progress of the initiative from all Regions. Reports indicate that Regional Offices are actively involved in assisting in the formation of State coalitions on health promotion and assisting the coalitions in sponsoring activities. Several Regions have sponsored conferences to bring together the aging and health promotion actors from all the States within their Region to talk about developing Statewide health promotion plans. All Regions continue to disseminate information and materials on health promotion.

AoA Central Office staff reviewed and responded to requests for information and assistance in health promotion from twenty-seven (27) States. These requests were stimulated through a broad scale consultation process encouraging States to identify priority areas for the conduct of State initiatives in the current year. Most of the requests were for assistance in developing health promotion programs at the State and local levels.

Four State Agencies on Aging, in conjunction with private sector organizations, applied for funds for health promotion activities under AoA's State/Private Sector Initiative. The focus of these activities has been in the areas of nutrition, exercise, and physical fitness, and drug management (see section on State Agency/Private Sector Initiative on page 18).

ALZHEIMER'S DISEASE INITIATIVE

In fiscal year 1984, AoA implemented a multi-year special initiative for the development of support groups for families of older persons with Alzheimer's disease. The purpose of this effort is to increase the support and assistance available to families in coping with the problems associated with the disease.

To implement the initiative, AoA developed a strategy for collaboration between the AoA Regional Offices and the Long-Term Care Gerontology Centers to train State Unit and Area Agency personnel about Alzheimer's disease and the development of community-based support groups. Subsequently, State Units and Area Agencies have been asked to replicate this training as appropriate throughout their States. To assist State Units and Area Agencies in carrying out the initiative, a comprehensive technical assistance package was developed and, to date, nearly 10,000 copies of this material have been distributed nationwide.

More than 5,000 persons who work with older persons have been trained including staff of State Units and Area Agencies on Aging, service providers, and staff of health care programs. Forty-one (41) States have made a commitment to undertake significant State activity to support this effort. Twelve States have formed State level task forces to develop recommendations for changes in State programs and to improve services to older persons with Alzheimer's Disease and their families. Seven of these States have appropriated State funds to support new activities such as day care, respite care, and other such services. Many States have instituted ongoing training programs to help staff understand the needs of Alzheimer's patients.

Another significant undertaking in support of *AoA's Alzheimer's Disease Initiative* was the funding in FY 1985 of twelve (12) research and demonstration projects aimed at: (1) increasing public awareness and understanding of the disease; (2) demonstrating and testing models for family support groups, particularly in rural areas; and (3) developing innovative approaches to respite care and caregiver training.

HOUSING INITIATIVE

During fiscal year 1985, AoA continued one and initiated two other major activities under its multi-year initiative to improve the housing and living arrangements of older persons. Agency efforts were based on a synthesis of recommendations from AoA supported research projects. The activity, continued from fiscal year 1984, concentrated on home weatherization, safety and security. The first effort initiated during fiscal year 1985 concentrated on home equity conversion and the second on alternative living arrangements. State and Area Agencies on Aging were actively involved in implementing these efforts. Much of the material disseminated in support of these efforts was produced through the Title IV Discretionary Program. New Title IV research and demonstration projects were undertaken in fiscal year 1985 which focused primarily on developing effective methods for informing older persons about their various housing options. The results of these projects will be at the core of future dissemination and utilization efforts by the Administration on Aging.

The home weatherization, safety and security effort involved the continued conduct of on-going projects and the implementation of new volunteer-assisted projects. Many older people live in houses that are old and in need of repair or improved weatherization. Thus, the deteriorating condition of such houses has a significant impact on the health, safety and security of countless older people.

The major thrust of this initiative was to mobilize communities to address housing problems at the local level. Activities were also carried out at the national level in support of this initiative. National activities included AoA cooperation with the U.S. Consumer Product Safety Commission (CPSC) to develop and test the "Home Safety Checklist for Older Consumers." AoA supported the printing of 1 million copies of the checklist and disseminated them to Area Agencies on Aging.

In a related activity, AoA cooperated with CPSC and the American Society for Testing and Materials to co-sponsor "The National Conference on Safety for Older Consumers." AoA also cooperated with the Social Security Administration, Office of the Low-Income Home Energy Assistance Program (LIHEAP) to co-sponsor the development and dissemination of: "Hypothermia: Reducing the Risk Through Home Energy Assistance," a manual for use by LIHEAP program directors to identify those older persons most vulnerable to hypothermia. The manual provided them a tool with which to set priorities for allocation of their resources. Over 5,000 copies of the manual were disseminated by AoA to State and Area Agencies on Aging and Indian Tribal Organizations. Its reproduction was encouraged at the State and local level.

During fiscal year 1985, 28 State and 343 Area Agencies on Aging implemented activities in the area of home weatherization, safety and security. State and Area Agencies cooperated with AoA Regional Offices by playing key roles in coordinating and facilitating the cooperative use of public and private resources to improve the living conditions of older people.

The second housing activity was designed to enhance the capacity of State and Area Agencies on Aging to work with private sector organizations to make home equity conversion options more available to older people. Many older people live on fixed incomes and are unable to maintain their homes or meet financial crises due to a lack of available cash. A great number of these people could have additional income to meet these needs if they were able to unlock the equity in their homes, without selling their houses and moving. Home equity conversion has the potential to provide this opportunity for a significant number of older people.

During fiscal year 1985, AoA carried out major activities designed to provide information about the potential impact of home equity conversion on older people. At the national level these activities included co-sponsoring "The Future is Now: A Home Equity Conversion Conference," with the U.S. Department of Housing and Urban Development and the Federal Council on Aging. AoA is publishing proceedings from this conference for use by State and Area Agencies on Aging. Under the

Title IV Discretionary Program and the Private Sector Initiative, AoA made awards to conduct projects which focus on home equity conversion.

At the State and local level, workshops were conducted by 23 State Agencies on Aging to educate public and private providers of services to older people about home equity conversion and its potential to generate additional income for some older people. Revision of laws, ordinances and policies that impact home equity conversion were made or influenced by 37 State and 58 Area Agencies on Aging.

The third AoA housing activity was designed to enhance the capacity of State Units and Area Agencies on Aging to provide information about alternative housing and living arrangements and thereby increase the options available to older people. Efforts were made to synthesize and disseminate information about alternatives such as accessory apartments, echo housing and shared housing.

During fiscal year 1985, AoA carried out major activities designed to provide information about alternative living arrangements for older people. At the national level these activities included supporting development of the *American Institute of Architects (AIA) Design Guide*, which is intended for use by architects and others who design living environments for older people. AoA also entered into a Memorandum of Understanding with the National Endowment for the Arts, the U.S. Department of Housing and Urban Development, and the U.S. Department of Agriculture (Farmers Home Administration) to publish and disseminate this Guide.

In a related activity, the Carbide Retiree Service Corps (CRSC) of the Union Carbide Company, under an AoA cooperative agreement is stimulating industry interest in the manufacturing and marketing of a stove safety device for older people. This device will automatically turn off a stove before a fire can be started. Currently, CRSC is in contact with the American Gas Association and Edison Electric Institute to investigate the feasibility of collaborative efforts to market the device.

At the State and local level, workshops were conducted by 33 State Agencies on Aging to educate public and private providers of services to the elderly about alternative living arrangements for older people. Revision of laws, ordinances and policies to promote alternative living arrangements were made or influenced by 26 State Units and 113 Area Agencies on Aging.

ENERGY INITIATIVE

The goal of AoA's efforts in the energy area is to assist older persons to cope with high energy costs, to educate the public about prevention of energy-related illness in older people, and to help resolve other energy related concerns that affect older persons now and in the future. In support of this initiative, AoA developed and disseminated timely and relevant energy-related information to the public through the national network on aging, the American Gas Association and its approximately 300 member companies, and through collaborative activities with the U.S. Office of Consumer Affairs and other national and local organizations.

During Fiscal Year 1985 AoA continued to be an active member of the Energy and Aging Consortium, a network of about 40 diverse national public and private organizations that share concerns about the impact of high energy costs on older persons. The Consortium has been especially concerned about potentially life threatening effects of high energy costs, such as hypothermia and heat stress. The Consortium has focused on the idea of "building public-private partnerships" at the national, State and local levels to address these issues through its regular meetings, bimonthly newsletters, and in three national conferences.

As a member of the Consortium Steering Committee and as Co-Chair of its Project Committee, AoA has worked to encourage the development of State energy and aging consortia which focus on the energy needs of older persons. AoA has encouraged States to develop public/private partnerships using the Consortium model. In support of this, AoA and American Gas Association staff developed a manual on how to develop a State Energy and Aging Consortium. To date, Georgia, Wisconsin, New York, North Carolina, Louisiana, and Colorado organized consortia. Other States including Oklahoma, Illinois, and Florida are working to establish consortia.

AoA also provided financial and staff support to the National Energy and Aging Consortium for a conference entitled "Building Partnerships for the Future of Our Aging Society." The conference, to be convened in Washington, D.C. in February 1986, will bring together aging organizations, energy suppliers, government agencies, consumer and other interest groups. The conference will identify tomorrow's energy concerns for an increasingly aging society and speculate on how different outcomes can be achieved by altering today's public policies. Workshops will expore technological advances for the future, public policy issues, exemplary programs for older persons, successful energy conservation projects and how to build partnerships with the public and private sectors. Policymakers from government, the business community and the foundation world will discuss their views of the future of our aging society.

In September, 1985, AoA in cooperation with the U.S. Department of Energy, sponsored a symposium on our Nation's energy supply and its availability to older persons in the 21st century. Papers presented at the symposium addressed the economic status of older persons; transportation needs of a "graying" America; and, elderly household expenditures for home heating and cooling. These papers are being published by the AoA and made available for wide distribution.

Lastly, through a grant to the Center for Environmental Physiology, technical assistance materials on hypothermia were distributed to 140 health and public safety organizations. Also, the Center conducted training on the use of hypothermia thermometers in 15 sites with coalitions on hypothermia education. Initially, these coalitions were the result of a public/private partnership between the AoA, the American Gas Association and the Center for Environmental Physiology.

OLDER AMERICANS MONTH CELEBRATION

The unifying theme for the May 1985 celebration of Older Americans Month was "independence." The goals around this theme were intended to educate older Americans, their families, neighbors, community groups, and business and industry to ways that they could foster and enhance the elderly's independence. This theme gave AoA a special opportunity to celebrate and focus national attention on the achievements of our nation's older population and on those who work with and for them.

In keeping with the theme, "Help Yourself to Independence," and as a part of the Older Americans Month campaign, AoA invited the State Units on Aging to select an exemplary project in their State for a Project Independence Award. This award was presented by AoA to projects across the country which had been particularly successful in fostering and enhancing the independence of older people. Forty (40) projects were selected, and recipients attended a ceremony in Washington, D.C. The ceremony not only honored the contributions of the individual projects but the 20th anniversary of the Older Americans Act.

The President signed a Proclamation and many State Governors issued proclamations in honor of Older Americans Month. States held a variety of special events ranging from Special Award Ceremonies honoring local projects which aid older people in enhancing their independence to Senior Olympics, health fairs, and conferences.

A poster commemorating Older Americans Month was issued by AoA which conveyed two messages. The first, "Help Yourself to Independence," urged older people to keep close ties with family, friends and neighbors; stay involved in the community; plan early for retirement; and to pursue a healthy lifestyle. The second message highlighted the importance of State Units and Area Agencies on Aging by urging people to call or write these agencies for information or assistance, or to learn more about ways they can help to foster and enhance the independence of the elderly today and in the future.

Last year, AoA was joined in its Older Americans Month (OAM) celebration by a member of the private sector in planning and carrying out the activities at the national level. AoA's collaboration was with Morrison's, one of the largest food service corporations in the United States. Morrison's printed and distributed the OAM poster, prepared the Project Independence Awards plaques, and hosted the luncheon reception for more than 250 people held immediately following the ceremony.

COMMISSIONER'S PLANNING INITIATIVE

In June 1985, AoA completed the development of a forward plan of program activities for fiscal years 1986–1988. This plan includes seven major objectives dealing with issues critical to the current and future well-being of older Americans. These objectives reflect areas in which AoA currently provides direct leadership as well as areas in which the agency can serve as a catalyst in bringing about heightened awareness of, and preparation for, meeting the needs of the elderly.

In developing this plan, AoA engaged in extensive planning discussions with senior agency staff, including Regional Office staff. Critical to this process was an intensive review of requests for assistance which were submitted by each State Unit on Aging to the Regional Offices. These efforts, together with an identification of the most important areas in which AoA resources should be invested, produced a forward plan reflecting a mix of AoA national leadership efforts and efforts which require significant action on the part of States.

There are key elements and activities in this plan that are designed to increase family and individual self-sufficiency; to target assistance on those elderly most in need; to improve the effectiveness and efficiency of State and locally administered social services; and, to improve the effectiveness and efficiency of AoA internal operations.

An important component of AoA's forward plan is the provision of individualized assistance to State Units on Aging on specific projects identified by the States as priorities for action. This forward plan also has been an important basis in formulating and developing the Agency's operational, evaluation and discretionary plans.

AoA's seven long-range objectives include:

—Promoting the adopotion of healthy lifestyles among the elderly;
—Promoting the availability and use of living arrangements appropriate to the needs of older persons;
—Promoting the employment and retention of older workers;
—Assisting families in their efforts to care for older relatives within the context of the home and community;
—Assisting State and Area Agencies on Aging and Tribal organizations in carrying out their leadership roles in planning, coordinating and delivering services for the elderly;
—Promoting preparation for an aging society; and
—Providing effective management of AoA internal operations and Older Americans Act Programs.

The major strategies that the Agency will utilize to accomplish its long-range objectives include:

—The strengthening of linkages with and between other agencies at all levels, both public and private, which serve the elderly;
—The development and dissemination of information and educational materials to appropriate organizations and service providers;
—Direct assistance to individual States by AoA Regional Offices to address State-specific needs;
—The promotion of public awareness in a number of important areas, including current and future needs of the elderly, the availability of State and local aging services agencies to help older persons, and the need for proactive planning to address both the individual and collective needs of the elderly; and
—The identification of, and to the extent possible, the modification of public policies that serve as barriers or disincentives to helping the elderly (e.g., in employment).

SECTION II. TITLE III SUPPORTIVE AND NUTRITION SERVICES

Under Title III of the Older Americans Act, the Administration on Aging provides financial assistance to the States to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older individuals, to "(1) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; (2) remove individual and social barriers to economic and personal independence for older individuals; and (3) provide a continuum of care for the vulnerable elderly."

The law requires the designation of an agency within each State to be specifically responsible for carrying out the purpose of the Act. The State Unit on Aging is required to subdivide the State into Planning and Service Areas (PSA) and to designate for each PSA an Area Agency on Aging (AAA). Because of their small geographic areas or population size, thirteen States/territories have designated their entire geographic area as a single PSA with the State Unit performing the Area Agency functions. Funds are made available to the States upon approval of State plans by AoA Regional Offices. States then allocate funds to Area Agencies based upon approved area plans. Funds provided to Area Agencies are used for the administration and support of a wide range of community-based supportive and nutrition services authorized under Parts B and C of Title III.

The Title III activities conducted in the States during fiscal year 1985 were based upon State plans ranging in duration from 2 to 4 years. The 1984 Amendments to the Older Americans Act (P.L. 98-459) eliminated the separate allotment for Part A (State Administration), and provided States with the option of using a portion of the funds allotted under Parts B and C of Title III to support State Unit administrative and advocacy activities. Therefore, in fiscal year 1985, three separate allocations were made to States for: (a) supportive services and senior center operations; (b) congregate nutrition services; and (c) home-delivered meals. (See Appendix II for State allotments under Title III in fiscal year 1985.)

Under the Older Americans Act, the State Units have the authority to transfer limited amounts of funds among the three Title III allotments in order to better reflect their local needs and priorities. In fiscal year 1985 the new transfers were as follows:

	Amount	Percent
Title III-B (Supportive services)	+$21,439,681	[1] +8.1
Title III-C-1 (Congregate nutrition services)	−46,477,250	[1] −13.9
Title III-C-2 (Home-delivered nutrition services)	+25,037,569	[1] +36.9

[1] Transfers as a percent of original allotments.

As reflected in the figures above, States have made considerable use of the flexibility permitted them under the law. Based on their assessments of need and local priorities, States elected to transfer approximately $46.2 million out of their congregate nutrition programs in order to increase their levels of investment in supportive services and home-delivered nutrition services. Allotment figures for these programs cited later in this section reflect these transfers. (See Appendix III for State allotments after transfer under Title III in fiscal year 1985.)

The States make awards to the Area Agencies, based upon their approved area plans, to pay up to 85 percent of the costs of supportive services, senior centers and for nutrition services. In most cases, Area Agencies then arrange with both nonprofit and proprietary service providers to deliver nutrition and other services described in the area plan.

At the State and local level, the State Units and Area Agencies are charged with performing roles of advocacy and coordination similar to the responsibilities of AoA at the national level. They review and comment on State and community policies, programs, and issues; provide testimony at public hearings; publish reports; coordinate and provide technical assistance to other public and private agencies and organizations; and leverage resources from Federal, State and local programs, as well as private charitable and business resources.

As already indicated, the general purpose of the Title III program is to develop greater capacity at the State and local levels and foster the development of comprehensive and coordinated service systems to serve older persons. The Title III program has evolved from a relatively simple program of over 1,500 community service projects for older persons administered by 57 State Units on Aging into a complex and highly differentiated "national network on aging" currently consisting of 57 State Units and 670 Area Agencies on Aging and more than 26,000 local nutrition and supportive service providers. These nutrition and supportive service providers are local public, private, or voluntary organizations which deliver the direct services to older persons in their communities. Not only do the State Units and Area Agencies use Title III moneys to provide services, they are also instrumental in leveraging other public and private moneys (for example, other State and local funds, private foundation contributions, and other Federal funds) in supporting the needs of older persons.

In fiscal year 1985 AoA continued implementation of initiatives to target assistance to needy groups in the elderly population, and to help State Units and Area Agencies position themselves to meet increased demands for services at a time when economic recovery depends upon restraint in Federal and State expenditures.

MINORITY PARTICIPATION INITIATIVE

The Administration on Aging has launched a national initiative to assist State Units on Aging to develop and implement strategies to increase minority participation in Older Americans Act programs. This initiative combined the cooperative efforts of State Units on Aging, Regional AoA Offices, and four national aging minority organizations: Asociacion Nacional Pro Personas Mayores, National Center on Black Aged, National Pacific/Asian Resources Center on Aging, and National Indian Council on Aging. Last year, biregional workshops on minority participation were conducted in New Mexico, Idaho, Virginia, Connecticut, and Kansas. These workshops were convened by the respective AoA Regional Program Directors and were attended by State Directors on Aging. Representatives of the regional and national DHHS Office of Civil Rights, and the National Association of Area Agencies on Aging participated. Each State was requested to prepare a strategy to increase minority participation in that State.

To further support this effort, a number of national organizations were awarded funds under Title IV to carry out a range of activities to assist in targeting resources to the minority elderly. Each of the national minority organizations noted above was granted funds to carry out activities to improve minority access to services. The National Association of Area Agencies on Aging was funded by AoA to publish a technical assistance manual, "Guide to Targeting Resources and Services for the At Risk Minority Older Persons." The AoA also has supported the Texas Migrant Council in conducting an information and dissemination project. In addition, Florida A and M University has been awarded funds to develop outreach strategies by conducting workshops, designing promotional posters, and developing training tapes for aging network agencies and minority advocacy groups.

PARTICIPANT CONTRIBUTIONS INITIATIVE

Another initiative is intended to increase voluntary contributions from program participants. Title III regulations (45 C.F.R. Part 1312) require that each service provider must "provide each older person [receiving services] with a full and free opportunity to contribute toward the cost of the service." Although AoA emphasizes through the aging network that this is *not* a fee and that contributions are entirely voluntary, these contributions have been steadily increasing, as follows:

Fiscal year:	*Million*
1981	$79.0
1982	100.8
1983	116.7
1984	131.7
1985	140.1

PERFORMANCE-BASED CONTRACTING INITIATIVE

The performance-based contracting system (PBC) is an integral part of the Administration on Aging's continuing initiative for improving the State Units' and Area Agencies' financial management capability. Area Agencies using the system enter into payment agreements that have fixed prices for reimbursing service providers for mutually and commonly defined service units. Service providers are reimbursed only for the services delivered rather than their total budgeted costs. The system components of policy planning, operational planning, performance payments, and management control move service providers toward greater accountability and cost-effectiveness in their delivery of services.

Starting in fiscal year 1982, AoA began identifying State Units on Aging (SUA) to promotes use of the PBC system by their Area Agencies on Aging (AAA). Through fiscal year 1985, 43 SUA's have promoted PBC by providing training sessions, issues workshops, and general technical assistance on use of the system.

During fiscal year 1985 AoA completed an evaluation of Performance-Based Contracting. (See page 43 of Section V of this report for information on this evaluation.) The following are examples of activities which have been undertaken at State and local levels related to performance-based contracting:

—The Washington Bureau of Aging and Adult Services has developed a contracting and technical assistance guide to assist AAA's in improving their performance-based contracting systems. A large proportion of the State's contracts are based on the PBC system.

—The Senior Services Division of Oregon uses units of services in vendor contracts and stresses the use of per meal costs in nutrition contracts and stresses the use of per meal costs in nutrition contracts negotiated by the AAA's. The AAA's are using these cost-per unit concepts in current contracts, thus ensuring a performance-based contract methodology. Almost all of the Older Americans Act funded contracts in Oregon are now performance-based contracts.

—The California Department of Aging is developing standard contracts that all AAA's can utilize to award contracts for ombudsman services in the State. Salaries of personnel, the number of volunteers per facility, types of services to be delivered, and training standards for ombudsman, are examples of the types of issues to be covered by the standardized contracts.

NUTRITION PRODUCTIVITY INITIATIVE

In fiscal year 1985, the nutrition productivity initiative was in its third year of operation. Its purpose is to maintain or expand nutrition services while simultaneously reducing or controlling meal costs. State Units and Area Agencies on Aging and local nutrition service providers have been diligent and innovative in their approaches to this initiative and most concur that this is a worthwhile program management effort which focuses management attention on the identification of factors directly impacting on cost and productivity.

During fiscal year 1985 State Units and Area Agencies continued to explore and examine the various ways to maximize the production of meals and minimize the costs to the Title III program. Some approaches which have been used include: (1) providing training and technical assistance in contracting procedures; (2) developing manuals and handbooks to assist in lowering meal costs while increasing the number of meals served; (3) involving the private sector in raising additional revenue; and (4) garnering additional financial support from the State legislature. Listed below are examples of activities implemented under this initiative:

—In Michigan, the State legislature appropriated approximately $4.3 million for State Home-Delivered Meals for fiscal year 1986. This represents an increase of $1 million more than was provided in the previous year and will significantly expand the number of home-delivered meals in 1986.

—In St. Paul, Minnesota, a program was contracted with the country to provide meals to senior citizens at eight senior high-rises on the weekend. The county will incur the costs of these weekend meals.

—Involving the resources of the private sector in Alaska enabled the meals program to reduce meal costs. The Alaska Retired Senior Volunteer Program (RSVP) enlisted more than 50 local businesses to raise funds through sales of dine-out entertainment and recreation discount books for area businesses.

PUBLIC AND PRIVATE SECTOR EMPLOYMENT INITIATIVES

AoA continued during fiscal year 1985, the second of its 2-year campaign, to promote the hiring and/or retention of older workers in the public and private sector workforces. For the public sector initiative, AoA established an objective to increase the proportion of older workers employed by State Units and Area Agencies by 10 percent over the levels reported in Fiscal year 1983. Reports show that in 1983 approximately 10 percent of the State Unit staff and 27 percent of the Area Agency staff were age 60 or over. To promote this initiative, Regional AoA Offices are working collaboratively with their respective State Units on Aging to assist them in developing action plans aimed at increasing the employment opportunities of older people.

AoA's Private Sector Employment Initiative was designed to link private sector employers, particularly small business owners, with older persons interested in full- or part-time employment. To assist and to support the aging network in promoting private sector employment, AoA developed and disseminated to State Units and Area Agencies on Aging a series of three technical assistance materials: (1) a handbook for use by Area Agencies in promoting employment of the elderly among small business owners; (2) a slide/tape presentation which highlighted the benefits of hiring older workers; and (3) a fact sheet/brochure which dispelled myths concerning the older worker and publicized the facts concerning older workers' productivity. During fiscal year 1985, 41 State Units on Aging, 373 Area Agencies on Aging, and 10,396 private businesses participated in the private sector employment initiative.

STATE AGENCY/PRIVATE SECTOR COLLABORATION GRANTS

In fiscal year 1985, twenty-six (26) grants totalling more than $2.1 million were awarded through Administration on Aging (AoA) Regional Offices (RO's) to 24 State Units on Aging (SUA's) for the purpose of increasing collaboration between the public and private business sectors. The competition was held as part of President Reagan's Private Sector Initiative campaign launched 4 years ago to encourage greater involvement by private citizens and organizations in the solution of public problems. Project eligibility included evidence of for-profit business involvement and cost sharing. Projects focus on a variety of areas addressing the community needs of older adults, including long-term care, health promotion, housing, employment, and retirement planning.

Examples of projects supported by State agency/private sector collaboration include:

—The Alabama Commission on Aging in conjunction with the University of Alabama is working with four businesses and manufacturers in Brimingham to develop flexible and alternative work hours for older employees.

—The Maryland Office on Aging is working with two firms in Baltimore to develop small congregate living facilities as an alternative to short-term nursing home care for low-income elderly discharged from acute care hospitals.

—The Oregon Senior Services Division is working with a manufacturer and health services firm to recycle medical equipment that can be used for the elderly and for conduct of an information program informing them of long-term care options in their communities.

—The Virginia Department for the Aging and a large State banking corporation are designing a home equity conversion model for elderly home owners who need supplemental income.

STATE UNITS ON AGING

Fifty-seven States and other jurisdictions receive support under Title III of the Act. The 1981 Amendments to the Act provided greater flexibility to State Units by permitting them to elect durations of 2, 3 or 4 years for State and area plans. Beginning on October 1, 1985 (fiscal year 1986), 23 States or territories (40 percent) operated on a two-year cycle; 26 (46 percent) operated on a 3-year cycle; and 8 (14 percent) operated on 4-year cycle. State Units are organizationally located in State governments either as independent agencies reporting directly to the Governor, or as components of larger human services agencies. In 1985, there were approximately 1,800 persons on the staffs of State Units.

State Units used Title III-B (Supportive Services) funds and funds from other sources to establish and maintain long-term care ombudsman programs at the state and sub-State levels. The 1981 Amendments to the Act required States to extend their services and protection of older persons to residents of certain types of boarding homes. Through their ombudsman programs, states have addressed such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes. During fiscal year 1985, complaint statistics and program data for the fiscal year 1984 reporting period were analyzed. Some highlights of these data are as follows:

—The number of sub-state ombudsman programs reported by States continues to increase. During fiscal year 1984, the most recent period for which data are available, there was a net increase of 174 local or regional ombudsman programs, increasing the nationwide total from 503 in fiscal year 1983 to 679 in fiscal year 1984.

—Total funding for State and local ombudsman programs in fiscal year 1984 was about $14.3 million, an increase of 17 percent over the level of $12.1 million reported in fiscal year 1983. In addition to Title III-B funds, State and local governments used funds from other sources, including State, county, and local revenues, grants under Titles IV and V of the Older Americans Act, and other funding sources.

—Nationwide, over 6,000 people worked in State and local ombudsman programs during 1984, including professional and volunteer staff.

AREA AGENCIES ON AGING

In fiscal year 1985 there were 670 Area Agencies on Aging operating under Title III of the Act. As of the end of fiscal year 1985, there were 683 Planning and Service Areas, including 13 single planning and service areas covering whole States and territories. An Area Agency on Aging may be a public or private organization, an Indian Tribe, or a sub-state regional body. Area Agencies have the major responsibility for the administration of funds for Title III-B supportive services and Title III-C nutrition services. Area Agencies receive their funds from the State Unit and then award grants and contracts to local supportive and nutrition service providers under an approved area plan.

Area Agencies are responsible for providing technical assistance to, and monitoring the effectiveness and efficiency of, their respective service providers. Through their coordination and planning activities, Area Agencies also address the concerns of older persons at the community level. Area Agencies interact with other local public and private agencies and organizations in order to coordinate their respective activities and elicit or "leverage" additional resources to be used on behalf of older persons.

In fiscal year 1985 more than 11,000 people were employed by the Area Agencies. The staffs are augmented by approximately 58,000 volunteers throughout the Nation, about 70 percent of whom are age 60 years or older.

State Units on Aging and Single Planning and Service Areas received a total of $668.5 million of Title III funds during fiscal year 1985. Of this amount, approximately 86 percent was used for supportive and nutrition services and the remainder was spent for administrative purposes. Area Agencies augmented their Title III funds through eliciting support from other Federal, State and community sources.

In addition, income is generated from the program from such sources as participant contributions for meals which have been increasing steadily over the years.

TITLE III SERVICES

Title III–B supportive services are designed to provide assistance to those older persons in need. Most supportive services fall in three broad categories: access services, in-home services, and other community and neighborhood services. Access services are transportation, outreach, and information and referral. Most in-home services are either housekeeping, personal care, chore, and visiting and telephone reassurance. Community and neighborhood services include legal service, residential repair, escort service, health services, physical fitness programs, pre-retirement and second career counseling, and other services. Most social services and congregate meals are provided at multi-purpose senior centers, many of which have been designated as community focal points.

Data on Title III services and program operations are sent to the Administration on Aging each year by the State Units on Aging through the Title III Information System. During fiscal year 1985 the Title III Program Performance Reports for fiscal year 1984 were analyzed and a national summary was disseminated. The national program statistics for fiscal year 1984 are provided in Appendix IV. These data pertain to: program operations and multi-purpose senior centers and community focal points; participation levels for Title III–B supportive services; and service characteristics and participation under the Title III–C nutrition program. Selected program data are highlighted below.

The Title III–B program is currently reaching an estimated nine (9) million older clients in need of access, in-home, and community-based services. In fiscal year 1984, 18 percent of all participants were racial and ethnic minorities, and 47 percent were low income. In the area of access services, transportation was the most frequently provided service, followed by information and referral and outreach. Of four defined in-home service categories, reassurance to elderly persons through visiting and telephone contacts was reported most frequently, followed by homemaker, chore, and home health aid services. In the area of community services, over twenty-five (25) different service categories are included in the most commonly used service taxonomy for Title III–B. Of the four service categories reported in the Title III Information System, health services were most frequently provided, followed by legal, escort and residential repair/renovation services.

Over 147 million congregate meals were served to older people and their spouses during fiscal year 1984. In addition to Title III funds, these meals are also supported by State funds, Social Services Block Grant and other Federal funds, State/local funds not included as part of the fiscal year 1984 Title III requirement, and participant contributions. Over 2.9 million elderly received meals at congregate sites.

During fiscal year 1984, 66.7 million meals were provided to the homebound elderly from all funding sources. Approximately 611,000 older persons received these meals.

SECTION III. TITLE VI GRANTS TO INDIAN TRIBES

Under Title VI of the Older Americans Act the Administration on Aging annually awards grants to Federally-recognized Indian Tribes. These grants assist the Tribes in delivering nutrition and supportive services to the Tribes' elderly.

In fiscal year 1984, there had been eighty-three (83) grants awarded, from an appropriation of $5,735,000, for an average grant award of approximately $69,000. In fiscal year 1985, following an invitation for new Indian Tribes to apply, there were 125 grants awarded, from an increased appropriation of $7,500,000. The average grant for fiscal year 1985 was $60,000. (See Appendix V for a listing of fiscal year 1985 Title VI grantees.)

The Older American Act Amendments of 1984 reduced from 75 to 60 the number of Indians age 60 years or over which a tribal organization must represent in order to be eligible to apply for a grant. This amendment will not result in additional grantees until fiscal year 1986. Before the 1984 Amendments to the Act, tribal organizations were required to represent 75 or more Indians age 60 years or older. A tribal organization can also serve Indians under age 60 with Title VI funds if the Tribe selected a younger age for "older Indians." About half the Tribes selected an age under 60 years.

In fiscal year 1985, the Tribes were distributed over 9 of the 10 DHHS regions and were in twenty-four (24) States. Louisiana was represented for the first time in fiscal year 1985.

During fiscal year 1985, Title VI service data were analyzed for the fiscal year 1984 funding period. The data reflect the following:

—The program continues to maintain a very high participation rate. Of the eligible population of 18,927, 94 percent (17,730 persons) participated in nutrition services, and 69 percent (13,116 persons) received one or more social services.

—Of the 17,730 older Indians participating in nutrition services, 69 percent received their meals in a congregate setting and 31 percent received their meals at home.

—The supportive services provided most frequently continue to be transportation and information and referral.

—The program has been successful in attracting volunteers. Of the 730 persons involved in paid and non-paid staff roles, more than 60 percent were volunteers.

—The level of effort continues to be directed primarily toward nutrition services. About 61 percent of the Tribes' total expenditures were for meals.

AoA also continued to administer a contract to provide training and technical assistance to the tribal organizations for the administration of their grants. assistance was provided in managing nutrition services programs, providing supportive services, and grant management.

In May 1985, AoA invited the Title VI grantees to participate in a developmental effort to improve and expand services to older Indians. This effort provided for one-time awards to be used to stimulate developmental projects for education and training; program planning and resource development; research, demonstration, and other studies; program coordinaton; and cooperative mangement. Funds to support these activities were made available under Title VI of the Older Americans Act and were limited to Title VI grantees only.

Overall, 104 or 83 percent of the 125 Title VI grantees took advantage of the opportunity to submit applications. These applications were reviewed by panel members from outside AoA and recommendations for action were submitted to the AoA Commissioner. The Commissioner awarded Title VI grants to all the Title VI Indian Tribes that had applied.

The following identifies the area, the number of grantees with planned activities in each area, and examples of the projects or activities of interest to most of the grantees. All of these numbers are based on the total number of Title VI grantees receiving awards which is 104.

EDUCATION AND TRAINING

Ninety-eight (98) grantees will participate in education and training activities. This indicates that 94 percent of the grantees have an interest in education and training programs, especially the AoA-sponsored training sessions and workshops. All of these grantees will attend at least one AoA session and some will attend local college and universities as well. For the most part, the recipients of this training will be tribal representatives, Title VI program directors and staff, cooks, nutritionists, volunteers, etc.

PLANNING AND RESOURCE DEVELOPMENT

Eighty-two (82) grantees expressed an interest in planning and resource development, a participation rate of 79 percent. A substantial number of grantees will participate in fund raising activities. Others will utilize the funds to develop proposal writing skills in an effort to tap the private sector for additional resources. Many will develop and update local resource directories. A limited number will develop planning materials, three year work plans to improve services to the elderly, and architectural plans for senior centers.

RESEARCH, DEMONSTRATION AND OTHER STUDIES

Sixty-five (65) grantees plan to have activities in research, demonstration and other studies. Thus 63 percent will have some type of involvement in this area. Most of the grantees will conduct comprehensive needs assessment surveys and establish or assess existing management information systems. Others will develop demographic data bases and operations manuals. Still others will study off-reservation nursing homes and the cost-effectiveness of the use of frozen home-delivered meals. At least one will develop, implement and analyze a meals program for Saturday and Sunday.

PROGRAM COORDINATION

There are forty-one (41) grantees which plan to have activities in program coordination. This is a participation rate of 39 percent. Several of these grantees want to establish advisory boards, information sharing networks, and linkages with non-tribal programs. A few will develop formal working agreements and local resource directories.

COOPERATIVE MANAGEMENT

There are fourteen (14) grantees planning to participate in cooperative management, for a rate of 13 percent. These activities include a feasibility study of the Cooperative Management Initiative (CMI) and training at AoA national conferences.

These Title IV grants to Indian tribes are one-time project awards with project periods starting on September 30, 1985 and ranging from 9 to 17 months in duration.

SECTION IV. AoA DISCRETIONARY PROGRAMS

Title IV of the Older Americans Act authorizes a program of discretionary grants and contracts to support training and education, research and demonstration, and other activities. The primary purpose of these activities is to develop the necessary knowledge and information base to assist AoA and the State Units and Area Agencies on Aging to carry out the goals, objectives, and program services set forth in the Act. A total of $22,175,000 was available to support those efforts during fiscal year 1985. This section decribes AoA activities during fiscal year 1985 for Title IV, Part A—Education and Training, and Part B—Research, Demonstration, and other related activities. This section also includes a description of the major long-term care initiatives undertaken by AoA in fiscal year 1985. (Appendix VI contains a listing of all AoA discretionary grants and contracts which were operational during fiscal year 1985. This listing includes an abstract of each project.)

A. TITLE IV–A—EDUCATION AND TRAINING

Section 411 of the Act authorizes the award of grants and contracts to assist in recruiting persons to enter the field of aging; in training volunteers and persons employed in or preparing for employment in the field of aging; and to provide technical assistance and other activities related to such training.

1. Gerontology Training Program

In fiscal year 1985, thirty-one (31) new projects were awarded grants in four competitive areas. A brief description of major activities these projects will undertake is presented below:

Career Preparation for Employment in Aging.—Support was provided to 11 academic institutions for development and improvement of educational programs for persons preparing for paraprofessional and professional careers in the field of aging. All of the projects emphasize curriculum and faculty development, didactic and field practicum course development and enrichment, coordination of student placement, and interchange of activities with aging agencies and service organizations.

One award was made to an organization to conduct a national survey of colleges and universities to determine the extent and consistency of gerontology instruction in American institutions of higher education.

Continuing Education and Training.—Six grants were awarded to academic institutions and professional organizations to develop gerontology or geriatric programs and materials and provide training to Network on Aging personnel. One project is supporting fellowships that place academic faculty and researchers in planning and service organizations to work on short-term applied research projects that are mutually beneficial to host institutions and fellows. The remaining five projects are developing and modifying institutional materials to train aging network personnel. Two of these projects have a health or mental health focus and one relates specifically to training to serve the Native American elderly.

Allied Professions in Aging.—Several grants were awarded to train professionals and paraprofessionals whose careers have a significant impact on the elderly. These awards were made to academic institutions, professional associations and other organizations. One project will develop a certificate program in oral health gerontology and train dentists, dental hygienists, and other health care professionals. The American Bar Association will conduct a training conference on elderly needs in court for judges and court personnel. Two projects will train librarians. Another award is to train administrators for residential facilities for the elderly.

Minority Training and Development in Gerontology.—A number of grants were awarded to institutions of higher education with a large minority enrollment, including Historically Black Colleges and Universities (HBCU's), and to nonprofit organizations representing minority groups. The purpose of these awards was to improve training programs and, especially, to support faculty and institutional development. Two awards were made that will provide for faculty development and exchange through consortium arrangements of HBCU's. One project will expand programs and establish links between HBCU gerontology programs and major U.S. corporations. Another historically Black university will provide training in the area of employment. These grants were part of AoA's overall strategy in support of an Executive Order signed by the President on September 15, 1981, which is intended to strengthen the capacity of HBCU's in providing quality education.

Additionally, three awards were made to other minority institutions for miltidisciplinary development in gerontological training.

2. Regional Office Developmental Activities

Activities were initiated in Fiscal Year 1985 to assist the AoA Regional Offices in the effective implementation of both national and regional priority program initiatives. Special interest areas included:

—Health Promotion
—Housing
—Long-Term Care
—Employment
—Alzheimer's Disease (including respite care and family support systems)
—Nutrition
—Other special initiatives of high priority in the region.

Title IV funds were allocated for each of the 10 Regional Offices to develop and fund activities in the identified areas.

3. Title VI Developmental Activities

During Fiscal Year 1985, the Administration on Aging awarded funds to Indian Tribes currently administering Title VI grants to conduct developmental activities. The purpose of the award was to establish projects for education and training; program planning and resource development; research, demonstration, and other studies; program coordination; cooperative management; and other developmental activities. These activities provided a means for the tribes to find new and improved ways to meet current and future needs of older Indians. (See Section III, page 23 for further information on these grants to Tribal organizations.)

4. State Older Adult Literacy Grants

In Fiscal Year 1985, grants totaling more than $870,000 were awarded through the Administration on Aging's Regional Offices to 20 State Units on Aging to promote literacy opportunities for older persons. The awards were made in keeping with the Administration's Adult Literacy Initiative which is designed to expand literacy skill programs throughout the country, especially through emphasizing the wider use of volunteers.

Projects focus on the recruitment and training of older illiterates, recruitment and training of older volunteers, education of literacy provider agencies on the needs of older persons, and public awareness campaigns to increase understanding of older persons literacy needs. The State Units on Aging are collaborating with adult education programs, literacy councils, public libraries, voluntary literacy providers, public broadcasting systems, and private sector organizations in implementing these projects.

Examples of adult literacy projects which AoA supported include:

—The Older Alaskans Commission, working in cooperation with a local adult education center, is developing a model computer literacy program for training senior center participants;

—The Arkansas Division of Aging and Adult Services, in cooperation with the State public broadcasting system, is carrying out a statewide advertising campaign to increase the awareness of literacy needs, encourage older volunteers to become tutors, and motivate older illiterates to participate in literacy training.

—The Wisconsin Department of Health and Human Services, working with the State Department of Education, voluntary literacy providers, and State chapters of the American Association of Retired Persons and the National Retired Teachers Association, is establishing six county literacy alliances for the elderly and in addition to enrolling 240 older illiterates and recruiting 80 older volunteers into local adult literacy programs.

B. MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

Title IV-A, Section 412 of the Act, authorizes the award of grants to public and private nonprofit agencies, organizations, and institutions for the purpose of establishing or supporting multidisciplinary centers of gerontology, and gerontology centers of special emphasis, such as long-term care. A listing of new and continuation projects may be found in Appendix VI.

1. National Policy Studies Centers

In fiscal year 1985, AoA continued funding for three National Policy Studies Centers in the areas of income maintenance, health, and employment, which were originally funded in fiscal year 1980. During the past year the Centers were engaged in policy analysis and development; policy research; and the preparation of personnel for undertaking work in these areas and for teaching these skills to others. Another task was to respond to a limited number of requests from AoA for assistance, typically, involving policy analysis. Two of these National Policy Studies Centers—the Policy Center on Health at the University of California at San Francisco and the Policy Center on Employment and Retirement at the University of Southern California—completed their work for AoA during fiscal year 1985. A third Policy Center on Income Maintenance at Brandeis University will complete its work during fiscal year 1986.

The subject matter, location, activities, and key products for the Policy Centers during fiscal year 1985 are listed below:

a. Center on Income Maintenance Located at Brandeis University.—During fiscal year 1985 the Center initiated the development of five new products addressing such diverse subject areas as provision of in-home care by family members to older relatives, improved planning of transportation services for older persons, enhancing the capacity of aging services network organizations to perform needs assessments, and the provision of "non-pension" benefits (e.g., health insurance) to retirees of private sector organizations. These products are described in greater detail below.

In the family care area, the Center is completing a two-volume report on the provision of in-home care by family members. Volume I is a survey of the literature on family care, while Volume II focuses on program ideas which aging network organizations can use in promoting family care at the community level. In addition, the Center is completing a monograph which describes and evaluates Federal and State-supported efforts to encourage family care through, e.g., tax incentives and direct subsidies.

Concerning needs assessments, the Center is finalizing a methodology for analyzing information from the data base compiled by the National Association of State Units on Aging (NASUA) and the National Association of Area Agencies on Aging (N4A) in combination with data from different needs assessment surveys.

In the transportation area, the Center is completing a report which describes the results obtained from community-level tests of a financial planning model for the development of transportation services for older persons.

Finally, the Center is completing a report on the nature and extent of "non-pension" benefits (health and life insurance) which private sector employers provide to their retirees. The report also assesses the significance of these benefits and discusses the potential effects which various policy initiatives may have on the future provision of health and life insurance coverage to retirees.

b. Center on Health Located at the University of California—San Francisco.—The award for the Policy Center on Health ended on June 30, 1985, having been extended and supplemented during fiscal year 1985. Products were completed in the areas of health promotion, life care, home health care, respite, mental health, care in the last year of life, and the projection of service needs to the year 2000.

In health promotion, the Center provided assistance in the implemenation of the national, multi-year initiative jointly sponsored by the Public Health Service and the Administration on Aging. The Resource Guides for members of the health and aging networks guide the reader through planning and implementation of community-level programs in nutrition, injury prevention, and drug management programs for older persons. In addition, a directory of selected health promotion programs presents the broad range of possibilities in program development.

The other products are the results of studies of major health issues affecting today's and future elderly populations. Each paper presents policy issues and options. The life care and home health care papers trace the development of these industries and their adaptations to the current environment. European and American models of respite care are described in another document with recommendations for issues to be resolved before development of quality respite services in this country can be considered. The State Units on Aging were surveyed to determine their perceptions of the strengths and weaknesses of linkages between mental health and aging systems. The study also sought structural and environmental characteristics which impacted the quality of those linkages.

Two products are more oriented toward the future. Economic, ethical, and clinical aspects of care in the last year of life are reviewed. Tough questions are raised about the factors affecting a physician's decision to forego life-sustaining treatment and the use of heroin to relieve pain. The final product uses regional and national demographic data and utilization rates for older persons (from 1980) to predict, on a State-by-State basis, utilization rates for 1990 and 2000 for the following:

—physicians visits
—hospital days of care
—nursing homes
—home health services
—limitation in activities of daily living.

The latter document is seen as a very important planning tool. It provides a methodology and guidance for the manipulation of formulae; this allows substitution of more recent, State level data and the ability to manipulate the assumptions to allow for local developments. Many States have heralded this development which is likely to be improved and expanded by others in the years to come.

c. Center on Employment Located at the University of Southern California.— During fiscal year 1985, the Center completed its five year program of research, analysis and planning in the employment and retirement fields. Five products were developed during the final program year, which ended on August 31, 1985. These products addressed a variety of issues and subjects, including the promotion of older worker employment opportunities through programs supported via the Job Training Partnership Act (JTPA), the roles which Area Agencies on Aging (AAA's) can play in promoting older worker employment, strategies for addressing the health problems of older employees, and the services which a selected group of private companies offer retirees. These products are discussed in more detail below.

Concerning the opportunities for older workers through JTPA programs, the Center completed a broad study of activities supported under JTPA's "3 percent set-aside" provision and compiled a report documenting the findings from the study. The report includes data relating to the characteristics of the individuals receiving training under "3 percent set-aside" programs; the training methods used; and, where available, information on placement rates.

In addition, the Center developed two reports on the subject of employment promotion activities by Area Agencies on Aging. The first of these summarizes the findings of a survey of AAA's which was designed to determine their current level of involvement in employment-related services and activities. The report also presents a brief overview of the resources which AAA's can draw on to provide employment services for older persons; a description of the survey methodology; study questions and findings; and, a description of the additional information needs of AAA's regarding employment.

The second of the two AAA-focused reports examines the question of what should or could be appropriate roles for AAA's in the employment area. Several possible roles for the AAA's are identified and analyzed under a variety of scenarios which illustrate the range of AAA involvement which could occur with differing levels of resources, opportunities and interest.

Regarding the health needs of older workers, the Center prepared a paper based on a survey of 40 organizations and a two-day working conference which addressed employer concerns and strategies regarding accommodation of older worker health impairments in the work place. More specifically, the survey and conference were designed to: identify and describe exemplary workplace programs for preventing and managing health problems; identify and analyze constraints to the implementation of these exemplary programs at other work sites; identify and explore private and public sector policy options which could address these issues and reduce barriers; and, assess the implications of health promotion and accommodation for an aging workforce.

Finally, the Center prepared a report on services offered retirees by 40 private sector companies, e.g., social programs and services, use of company facilities, and post employment benefit coverage for retirees. Organizational considerations in the provision of various benefits for retirees and corporate plans for future retiree services are also covered in the report.

2. Long-Term Care Gerontology Centers

In fiscal year 1985, the Long-Term Care Gerontology Centers were also funded under Title IV-A, Section 412. The Centers are discussed in the Long-Term Care section of this report on page 38.

C. TITLE IV-B—RESEARCH AND DEMONSTRATIONS PROJECTS

Title IV-B, Section 421, 422, 424, and 425 of the Older Americans Act authorizes funding for projects to identify, assess, and demonstrate new approaches and methods to improve the well-being and independence of older persons. The primary objective of AoA-supported research is to develop new knowledge that will increase the capacity of State and local agencies, in both the public and private sectors, to assist older persons in achieving and maintaining economic and personal independence. AoA-funded demonstration projects seek to test new models, systems, and approaches for providing and delivering services.

In fiscal year 1985, AoA targeted most of its research and demonstration efforts on twelve (12) program areas of priority interest and concern to the elderly. These priority areas are:

—consumer-directed preventive services
—Alzheimer's disease support network
—housing
—employment
—legal services and assistance
—elder abuse
—voluntarism
—informal caregiving
—intergenerational programs
—minority aging populations
—improved management of aging services programs
—nutrition

New research and demonstration projects undertaken in these twelve areas are highlighted below. A detailed list of all AoA-funded research and demonstration projects, both new and continuing in fiscal year 1985, is provided in Attachment VI.

1. Consumer-Directed Preventive Services

AoA funded eight projects to promote effective use of both the public and the individual's resources to ensure the availability of community services when needed. These projects will produce models of preventive consumer-directed life service plans.

They will demonstrate:

—cooperative home care for needy elderly;
—combining State services with Veterans Administration services;
—the role of individual and private sector legal and financial resources in life service planning;
—planning options for elderly parents of adult developmentally disabled dependents; and
—other innovative planning for the "at risk" elderly.

2. Alzheimer Disease Support Network

AoA made twelve new awards to projects designed to find more effective ways of serving Alzheimer's Disease victims and their families. These research efforts paralleled the HHS priority to find the cause of and the cure for Alzheimer's Disease.

Five projects will demonstrate and test models of caregiver training, focusing on:

—the effectiveness of legal counseling;
—issues of concern to rural caregivers;
—the efficacy of behavioral programming techniques for Alzheimer's patients;
—telephone support networks both as a means of instruction and a source of emotional peer support for Alzheimer's caregivers; and
—church-based counseling services.

Three projects will demonstrate innovative approaches to providing respite care for family caregivers while two other projects are concerned with public awareness and understanding of the disease.

One grant was awarded to develop and implement model family support groups for rural areas. Another will develop a State residential resource center for Alzheimer's Disease victims.

3. Housing

AoA granted 15 new awards in fiscal year 1985 to improve housing and living arrangements for the elderly. Eleven were made to demonstrate effective techniques for conveying information on housing options to older persons. Project techniques varied, including counseling, information and referral, a television series, radio and television announcements, newspaper articles, a toll-free telephone line to be covered by volunteers and used in conjunction with a data bank, workshops, visits to senior sites, and slide-audio shows at libraries.

Two projects were funded to foster collaboration among State Units and Area Agencies on Aging, State and local housing agencies, public social service agencies, local officials responsible for community planning, and representatives of voluntary, business, and consumer organizations to address the housing and living arrangements of older persons.

Another project will disseminate fire safety knowledge through a series of workshops. Finally, a project will forecast housing needs of the elderly to the year 2010 using micro-simulation as a tool with special reference to the demographic and economic factors that determine housing needs.

4. Employment

Four new projects were funded in fiscal year 1985 to demonstrate ways to increase the economic self-sufficiency and employment opportunities of the elderly. Three of these projects focus on job match systems and placement models. A fourth project will produce a documentary film to persuade employers to hire, train, and retain older workers.

5. Legal Services and Assistance

Four projects were funded, including grants to national legal assistance organizations, to improve the provision of legal services for the elderly. These projects provide technical support to legal services projects and State and Area Agencies in their efforts to improve legal services to older persons and link the resources of the private bar and of legal services providers.

6. Elder Abuse

AoA made two new awards to disseminate available knowledge in this field. One project brings together academic expertise with organizations representing State Agencies on Aging and State social services agencies in a collaborative effort to transfer knowledge about elder abuse to service planners, administrators, practitioners, educators, and researchers. This project will collect information about State programs on elder abuse, assemble and maintain a collection of documents relating to the prevention and treatment of elder abuse for use by those working in this field, publish a quarterly newsletter on elder abuse to inform professionals of the latest techniques to address the problem of elder abuse, and develop training and technical assistance materials (including training videotapes) to inform providers of the best methods to deal with elder abuse. The other project will replicate at four new sites a successful city-wide provider consortium model of elder abuse prevention and intervention.

7. Voluntarism

Three awards were made to demonstrate models that can be used by social service agencies to maximize the impact of corporate contributions. For example, these awards will enlist the corporate sector in recruiting employees and retirees as volunteers to serve the chronically impaired elderly; and will broker the services of retired executives and professionals to help solve the management problems of aging services organizations.

8. Informal Caregiving

Seven awards made in Fiscal Year 1985 focus on informal caregivers. Four of these identify and analyze data and disseminate information about model support groups for family caregivers. Three projects explore such issues as how the provisions of the tax code can be used to extend corporate programs for employee benefits for dependent care to include the care of elderly parents.

9. Intergenerational Programs

Four awards were made to demonstrate the advantages of utilizing an intergenerational approach to promote health and cultural enrichment for Indian elders and Indian children. Health problems such as alcohol abuse and adolescent suicide are of major concern. AoA also awarded a grant to a foundation to work with AoA and with other foundations to develop intergenerational projects to serve low income persons.

10. Minority Aging Populations

Eight projects were funded in Fiscal Year 1985 to address the needs of minority aging populations through several different innovative approaches. Through grants to national minority aging organizations and selected institutions of higher education, the projects will:

—focus on housing, health, and employment for rural Black elderly persons;
—develop strategies to provide greater access to service programs by older Pacific-Asians and by elderly Indians; and
—identify long term care needs of Hispanic elderly in selected States.

11. Improved Management of Aging Programs

Six grants were awarded to improve the program management of State and Area Agencies on Aging through the effective use of information systems. For example, several projects will assist State Units on Aging to locate and adapt or develop computer applications to support service planning and management and resource allocation. Another project will demonstrate the feasibility of implementing an automated management information system at a hospital-based long term care facility.

12. Nutrition

In Fiscal Year 1985, AoA awarded a grant to promote effective new food technology for providing home-delivered meals. This project will develop and demonstrate automobile-transportable meal-heating equipment compatible with present delivery systems of the Meals-on-Wheels program for the home-based frail elderly.

13. Other

AoA awarded six other research and demonstration grants in Fiscal Year 1985. For example, two were for small business innovation research: to determine the adequacy of existing training and recertification programs for elderly drivers; to determine whether newly available robot technology can be used to increase self-sufficiency of elderly individuals living at home. Another project is designed to increase knowledge of the Older American Act network among service systems allied to the field of aging.

D. LONG-TERM CARE

1. Long Term Care Gerontology Centers

During the last 7 years, the Administration on Aging (AoA) provided financial support to 11 major universities across the country for the establishment of multidisciplinary long term care gerontology centers with a special emphasis on the continuing development of community based long term care service systems. The goal of this effort is the development of a comprehensive knowledge base about long term care issues and concerns and the establishment of interdisciplinary geriatrics/gerontology curriculum for physicians, nurses, social workers and other allied health professionals. Program efforts focus on assisting State and Area Agencies on Aging and other aging services providers in developing a continuum of comprehensive community based services for older persons in need of such services.

The Centers combine interdisciplinary didactic and clinical education and training, research, demonstration of practice models, technical assistance for State and Area Agencies on Aging and information dissemination. Each Center is located in a major university and includes participation by the schools of medicine, nursing, social work and other health related disciplines. A Center is located in each of the 10 DHHS Regions with two Centers in Region IX, making a total of 11 Centers.

Since 1979, the 11 Centers have received approximately $18 million in grants from AoA. Funding for nine centers ended on September 29, 1985, completing AoA's financial commitment to these Centers. The Centers also generated approximately $24 million of other resources from universities, State funds, corporate and private resources. These nine Centers, whose project periods ended at the close of Fiscal Year 1985, have now become self-supporting. These AoA projects came to a successful conclusion and the Centers are continuing with their work in long term care. Two additional Centers at the Universities of Utah and Texas were funded by AoA and continue to receive AoA grant funds.

The 11 Centers have provided training for a variety of professionals working with elderly persons requiring long term care. They conducted various applied and policy research projects on alternative mechanisms for delivering long term care services and developed many innovative long term care model projects. The Centers produced a wide variety of educational products on long term care for the aging network and for professionals working in long term care.

Centers have identified a number of transitions in the field of long term care. These changes include a transition from the definition of long term care as only institutional care (nursing homes), to a broader definition of long term care including the entire system of health and social services needed by chronically physically and/or mentally impaired older persons. The Centers have assisted decision makers in the "smarter" use of available dollars, encouraged health promotion and prevention of illness, assisted local providers in creating new and expanding existing services including development of family support systems, case management, functional assessment, pre-nursing home screening, and alternative organizational configurations.

Each of the Centers has developed authoritative topical expertise in the areas of Alzheimer's Disease, assessment and case management, demographic forecasting, financing mechanisms, manpower issues, technology, information systems, as well as other subject areas. The Centers have disseminated a vast array of long term care information through the development of technical assistance documents, journal articles, books, public presentations, periodic newsletters, and other forms of media activities.

2. National Long-Term Care Channeling Demonstration

The purpose of the Long-Term Care Channeling Demonstration Program was to develop community-based organizational structures and operating procedures to match resources with identified needs for continuing care of the elderly. The demonstration was jointly funded by AoA and the Health Care Financing Administration, and administered by the Office of the Assistant Secretary for Planning and Evaluation. Two different models for linking older persons with appropriate types of long-term care in the community were tested: a "basic case management" model and a more complex "financial control" model. These two models shared a core set of functions: outreach, screening, comprehensive needs assessment, care planning, and case management (arranging for services, monitoring, and reassessment).

The "basic case management" model, through the core functions cited above, relied on the case manager to negotiate access to existing services and to make efficient use of them. The "financial control" model, in contrast, gave authority to the case manager to authorize and purchase services out of a pool of funds without respect to existing program requirements, such as income eligibility. However, it did impose strict controls on costs through caps on program and individual expenditures, and required cost-sharing by clients with higher incomes.

Ten demonstration projects were divided into three phases. Phase I, from September 1980 to September 1982 encompassed planning, site development activities and initial implementation of basic channeling functions, including screening, assessment and case management. Phase II began in October 1982 and ended in September 1984. During Phase II sites undertook full-scale project operations under either of two Channeling prototypes, referred to as the "basic" or the "complex" model. Phase III ran from October 1984 to March 1985 and was the last stage during which project operations were phased out. States and their local channeling sites developed plans for the orderly close down of the demonstrations and the smooth transition of clients to other services in the community. At the present time the evaluation contractor is developing the final reports. Reports already received in fiscal year 1985 include:

—Channeling Effects For An Early Sample at Six-Month Follow-up

—Planning, Implementation and Operational Experiences of the National Long-Term Care Channeling Demonstration

—Channeling Project Cost Report
—Attrition Bias Report
—Survey Procedure Report
—Channeling Effects on Informal Care

Several other reports are expected to be received from the evaluation contractor within the first 6 months of fiscal year 1986. A final Summary Report is scheduled for submission in the Spring of 1986.

3. Long-Term Care Research and Demonstration Projects

Two long-term care projects were completed in fiscal year 1985. One project related to informal support systems for the frail elderly and the role of families in providing personal care. A major product of this project is the technical assistance manual entitled: "Family Seminars for Care Giving: Helping Families Help." Distribution of this manual, which is designed to be used by facilitators of family education and support groups, to State and Area Agencies on Aging is anticipated during fiscal year 1986.

The second project completed in fiscal year 1985 was designed to produce a catalog of available products with relevance to long-term care resulting from AoA discretionary grant-funded projects from 1976 to 1983. The catalog entitled: "Products of AoA Discretionary Grants in Long-Term Care: 1976–1983," was disseminated to State and Area Agencies on Aging.

A third long-term care project, designed to synthesize and organize information about long-term care issues and programs that significantly affect the frail elderly, will be completed in April 1986. It is anticipated that a major product of this project will be a document that will be useful to State and Area Agencies on Aging, and others, in the planning and development of site-specific long-term care programs.

SECTION V. EVALUATION

Section 206 of the Older Americans Act authorizes evaluation of the impact of all programs funded under the Act, including their effectiveness in achieving stated goals. AoA's evaluation program in fiscal year 1985 included the completion of two projects funded in fiscal year 1984.

Evaluation of Performance-Based Contracting.—This project, awarded in June 1984, was a two-phase study designed to identify those factors which may act as barriers or disincentives for Area Agencies on Aging in implementing performance-based contracting and to determine how these constraints have been overcome by Area Agencies on Aging who are currently utilizing such contract practices.

Findings from the evaluation showed that almost all AAA's purchase some services through either cost-reimbursement or performance-based contracting. Performance-based contracting (PBC) is the second most utilized form of contracting. It is most often used for services which are more discrete, tangible and amenable to measurement.

Agencies that use PBC were more likely to be located in the Northeast and to serve wealthier, nonminority planning and services areas. They tended to have more staff, be arms of county government and have as their sole purposes, services to the elderly.

The study accomplished the purpose as originally outlined for the project. The limitations on the data are that it reflects the perceptions of AAA's staff in many instances. The study has added substantial information about which AAA's are utilizing PBC and their perceptions about its use. The study indicated that a number of perceived barriers that are generally held about PBC are not in fact seen as a problem for most agencies when they implement PBC.

The real and perceived barriers of PBC as identified in the study are:

—resistance from providers
—inadequate knowledge of AAA staff
—insufficient staff resources
—additional monitoring requirements
—variability of reimbursement amounts
—lack of sophistication of provider agency
—insufficent number of providers
—too much paperwork
—policymakers oppose PBC
—PBC is inappropriate for certain services

The results of this project are providing information to AoA regarding practical technical assistance strategies and potential management initiatives which have promise of facilitating greater use of performance-based contracting practices within the aging network.

Assessment of the Feasibility of Evaluating Substate Long-Term Care Ombudsman Programs and Development of an Instrument for the Evaluation of Effectiveness and Impact.—This evaluation, awarded in September 1984, consisted of two objectives. The first was to determine if sub-state and centralized long-term care ombudsman programs could and should be evaluated (Phase I) and, if so, to design and test an evaluation instrument and users' guide to be issued by AoA as a chapter in the Ombudsman Technical Assistance Manual (Phase II). Based on Phase I activities completed in January 1985, the conclusion was that programmatic diversity within and across States, notwithstanding sub-state and centralized ombudsman programs, are evaluable, i.e., can be validly and feasibly assessed. During Phase II an instrument and users' guide have been developed. The instrument and users' guide have been field tested in four States at the sub-state level and in one State with a centralized program. The field test was completed during August 1985. The final instrument, users' guide, and report will be completed during the first quarter of fiscal year 1986.

APPENDIXES

APPENDIX I

FY 1985 BUDGET
ADMINISTRATION ON AGING

Supportive Services and Senior Centers 1/	265,000,000
Nutrition Services 1/	
Congregate Nutrition Services 2/	336,000,000
Home-delivered Nutrition Services	67,900,000
Grants to Indian Tribes	7,500,000
Training, Research, and Discretionary Projects and Programs	25,000,000
TOTAL	$ 701,400,000

1/ Up to 8.5% of the funds for Supportive Services and Senior Centers, and for Nutrition Services, may be used for Area Agency Activities.

2/ Includes funds set aside for evaluation activities as authorized by Section 206, Older Americans Act of 1965, as amended (42 U.S.C. 3017).

APPENDIX II

FY 1985 FINAL TITLE III ALLOTMENTS BY STATE

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE MEALS	TITLE III-C2 HOME-DELIVERED MEALS
Alabama	4,263,077	5,406,476	1,092,313
Alaska	1,386,245	1,771,912	355,193
Arizona	3,209,515	4,075,415	822,362
Arkansas	2,945,226	3,741,514	754,645
California	24,347,688	30,781,205	6,238,519
Colorado	2,572,634	3,270,785	659,177
Connecticut	3,706,937	4,703,854	949,815
Delaware	1,391,760	1,758,337	356,606
Dist. of Col.	1,392,499	1,779,813	356,795
Florida	16,236,983	20,534,203	4,160,344
Georgia	5,180,031	6,564,948	1,327,261
Hawaii	1,394,874	1,782,814	357,404
Idaho	1,395,783	1,783,962	357,637
Illinois	12,229,877	15,451,119	3,133,618
Indiana	5,707,996	7,211,432	1,462,539
Iowa	3,608,843	4,579,923	924,681
Kansas	2,900,730	3,685,299	743,244
Kentucky	3,928,754	4,984,095	1,006,651
Louisiana	3,978,027	5,025,805	1,019,276
Maine	1,415,679	1,803,556	362,734
Maryland	4,115,944	5,220,589	1,054,613
Massachusetts	6,929,233	8,774,874	1,775,453
Michigan	9,081,247	11,493,710	2,326,855
Minnesota	4,513,525	5,702,347	1,156,484
Mississippi	2,752,697	3,498,275	705,314
Missouri	5,987,786	7,585,458	1,534,229
Montana	1,394,516	1,761,819	357,312
Nebraska	1,948,247	2,481,940	499,192
Nevada	1,394,038	1,761,215	357,189
New Hampshire	1,396,512	1,774,341	357,823
New Jersey	8,598,031	10,862,677	2,203,043
New Mexico	1,399,090	1,788,139	358,484
New York	20,556,339	25,991,239	5,267,077
North Carolina	6,134,537	7,750,320	1,571,831
North Dakota	1,393,387	1,780,935	357,023

FY 1985 FINAL TITLE III ALLOTMENTS BY STATE

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE MEALS	TITLE III-C2 HOME-DELIVERED MEALS
Ohio	11,547,730	14,609,843	2,958,834
Oklahoma	3,588,201	4,553,843	919,392
Oregon	3,010,452	3,823,920	771,357
Pennsylvania	15,051,611	19,016,072	3,856,620
Rhode Island	1,399,186	1,788,261	358,508
South Carolina	3,028,564	3,846,803	775,998
South Dakota	1,394,447	1,761,732	357,294
Tennessee	5,013,844	6,354,988	1,284,679
Texas	13,622,307	17,230,844	3,490,395
Utah	1,398,117	1,786,911	358,235
Vermont	1,390,910	1,757,264	356,388
Virginia	5,186,788	6,573,485	1,328,992
Washington	4,351,037	5,517,604	1,114,851
West Virginia	2,346,800	2,985,469	601,312
Wisconsin	5,352,754	6,783,164	1,371,517
Wyoming	1,388,927	1,754,759	355,880
American Samoa	465,454	588,050	119,261
Guam	662,799	837,374	169,826
Puerto Rico	2,497,903	3,176,371	640,029
Trust Territory	662,939	837,551	169,862
Virgin Islands	662,960	837,578	169,868
Northern Marianas	187,983	258,038	48,166
Total	$265,000,000	$335,604,269	$67,900,000

APPENDIX III

FY 1985 TITLE III ALLOTMENTS AFTER 1/ TRANSFERS BY STATE

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE MEALS	TITLE III-C2 HOME-DELIVERED MEALS
Alabama	4,314,165	5,129,292	1,318,409
Alaska	1,697,086	1,394,457	421,807
Arizona	3,540,710	3,314,827	1,330,354
Arkansas	3,136,217	3,239,422	1,065,746
California	27,310,500	26,982,307	7,074,605
Colorado	2,885,311	2,740,747	876,538
Connecticut	3,515,095	4,132,270	1,713,241
Delaware	1,374,262	1,497,009	635,432
Dist. of Col.	1,783,750	1,388,562	356,795
Florida	18,207,642	16,499,491	6,224,397
Georgia	5,903,977	5,619,004	1,549,259
Hawaii	1,669,284	1,438,405	427,403
Idaho	1,556,089	1,550,471	430,822
Illinois	15,229,877	11,951,119	3,633,618
Indiana	6,461,578	5,589,705	2,330,684
Iowa	3,608,843	4,636,325	868,279
Kansas	3,026,352	3,588,402	714,519
Kentucky	4,093,953	4,248,112	1,577,435
Louisiana	4,189,183	4,822,628	1,011,297
Maine	1,415,679	1,141,940	1,024,350
Maryland	4,286,424	5,150,496	954,226
Massachusetts	6,929,233	6,330,196	4,220,131
Michigan	9,203,720	10,485,207	3,212,885
Minnesota	4,594,914	5,591,197	1,186,245
Mississippi	3,042,335	3,007,624	906,327
Missouri	6,031,088	6,632,189	2,444,196
Montana	1,440,424	1,508,438	564,785
Nebraska	1,948,247	2,555,940	425,192
Nevada	1,394,038	1,389,534	728,870
New Hampshire	1,448,831	1,337,088	742,757
New Jersey	9,362,842	9,815,541	2,485,368
New Mexico	1,559,042	1,596,212	325,949
New York	21,716,479	21,632,687	8,465,489
North Carolina	7,784,537	6,100,320	1,571,831
North Dakota	1,400,924	1,600,307	530,114

1/ Allotment amounts do not reflect funds used for State Agency Administration.

FY 1985 TITLE III ALLOTMENTS AFTER 1/ TRANSFERS BY STATE

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE MEALS	TITLE III-C2 HOME-DELIVERED MEALS
Ohio	12,649,884	13,112,124	3,354,399
Oklahoma	3,588,201	4,553,843	919,392
Oregon	3,642,930	2,917,527	1,045,272
Pennsylvania	15,051,611	17,016,072	5,856,620
Rhode Island	1,599,725	1,636,913	309,317
South Carolina	3,361,053	3,355,167	935,145
South Dakota	1,394,447	1,636,732	482,294
Tennessee	5,144,730	4,980,777	2,528,004
Texas	14,176,627	16,453,119	3,713,800
Utah	1,455,355	1,380,156	693,663
Vermont	1,455,198	1,305,175	744,189
Virginia	6,767,283	4,006,966	2,315,016
Washington	4,779,564	4,191,710	2,012,218
West Virginia	2,512,201	2,256,714	1,164,666
Wisconsin	5,373,296	6,762,622	1,371,517
Wyoming	1,388,927	1,679,759	430,880
American Samoa	465,454	588,050	119,261
Guam	662,799	837,374	169,826
Puerto Rico	2,529,434	3,094,265	690,604
Trust Territory	527,388	998,197	144,767
Virgin Islands	662,960	711,941	295,505
Northern Marianas	187,983	258,038	48,166
Total	286,439,681	289,370,712	92,693,876

1/ Allotment amounts do not reflect funds used for State Agency Administration.

APPENDIX IV

SELECTED NATIONAL PROGRAM DATA FOR TITLE III
FISCAL YEAR 1984

The following data for the Fiscal Year 84 reporting period were analyzed and disseminated during Fiscal Year 1985.

I. COMMUNITY FOCAL POINTS/MULTIPURPOSE SENIOR CENTERS

A. COMMUNITY FOCAL POINTS

Total Community Focal Points Designated [1]		7,915 (100%)
(1) Multipurpose Senior Centers	3,860 (49%)	
(2) Congregate Meal Sites	3,162 (40%)	
(3) Mobile Units	12 (*)	
(4) Others	925 (12%)	

B. MULTIPURPOSE SENIOR CENTERS FUNDED [2]

A. Total Multipurpose Senior Centers Funded		1,482 (100%)
(1) Altered/Renovated	1,038 (70%)	
(2) Acquired	332 (22%)	
(3) Constructed	163 (11%)	

[1] This breakdown exceeds the total due to duplications in Focal Points designated.

[2] The breakdown exceeds the total due to duplication of MPSC's funded.

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* Less than one percent.

II. SUPPORTIVE SERVICES PARTICIPATION

A. ESTIMATED PERSONS SERVED	Persons Served	
1. Access:		
(a) Transportation	8,164,340	
(b) Outreach	2,189,228	
(c) Information & Referral	5,541,794	
(d) Other	1,749,826	
2. In-Home:		
(a) Homemaker	653,594	
(b) Home Health Aid	178,002	
(c) Visiting/Telephone Reassurance	969,696	
(d) Chore Maintenance	255,691	
(e) Other	338,236	
3. Community Services:		
(a) Legal	490,405	
(b) Escort	358,095	
(c) Residential Repair/Renovation	86,579	
(d) Health	977,000	
(e) Other	9,981,245	
4. Services In Care-Providing Facilities	398,120	
B. ESTIMATED UNDUPLICATED PERSONS SERVED		
1. Total Persons Served	9,126,122	(100%)
(a) Greatest Social Need	4,503,912	(49%)
(b) Greatest Economic Need	4,262,782	(47%)
2. Total Minority Served	1,597,589	(18%)
3. Racial/Ethnic Composition:		
(a) American Indian/Alaskan Native	58,348	(1%)
(b) Asian/Pacific Islander	133,053	(1%)
(c) Black, not Hispanic	1,034,958	(11%)
(d) Hispanic	371,230	(4%)
(e) White, not Hispanic	7,528,533	(82%)

4. Estimated Percent Distribution of 60+ Population in 1983, by Race and Ethnic Origin (Bureau of Census *Current Population Reports* "Estimate of the Population of U.S., by Age, Sex, and Race: 1980-1983"):

(a) American Indian/Eskimo, Aleut	(*)
(b) Asian/Pacific Islander	(1%)
(c) Black, not Hispanic	(8%)
(d) Hispanic	(2%)
(e) White, not Hispanic	(88%)

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* Less than one percent.

III. CONGREGATE MEALS

A. STAFFING

1. Total Paid Staff		26,783 (100%)
(a) 60+ Staff	9,666 (36%)	
(b) Minority Staff	6,904 (26%)	
(c) Female Staff	20,902 (78%)	
2. Total Volunteers		226,574 (100%)
(a) 60+ Volunteers	201,228 (89%)	
(b) Minority Volunteers	38,529 (17%)	

B. CONGREGATE SITES

Total Sites	14,305 (100%)

Type of Sites *		
Multipurpose Senior Centers	5,859	(42%)
Religious Facility	2,226	(16%)
School	430	(3%)
Public/Low Rent Housing	1,897	(14%)
Restaurant	252	(2%)
Other	3,371	(24%)

Frequency		
7 days per week	180	(1%)
6 days per week	119	(1%)
5 days per week	10,927	(78%)
4 days per week	604	(4%)
3 days per week	921	(7%)
Less than 3 days per week	1,284	(9%)

C. TOTAL SITES SERVING MORE THAN ONE MEAL PER DAY

C. TOTAL SITES SERVING MORE THAN ONE MEAL PER DAY	230	(2%)

D. MEALS SERVED

1. Total Meals Served From All Funding Sources	147,448,666	(100%)
(a) Catered Meals	66,751,505	(45%)
(b) Site Prepared Meals	42,637,026	(29%)
(c) Central Kitchen Prepared Meals	38,060,135	(26%)

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* Due to percentage rounding this breakdown exceeds 100%.

2. Total Meals Served to Elderly and Spouses — 144,433,999 (98%)

E. PARTICIPATION

Total Persons Served From All Funding Sources — 2,919,357 (100%)

1. Special Populations

(a) Greatest Social Need	1,567,737 (54%)
(b) Greatest Economic Need	1,621,756 (56%)
(c) Total Minority Served	496,113 (17%)

2. Racial/Ethnic Composition:

(a) American Indian/Native Alaskan	26,287 (1%)
(b) Asian Pacific Islander	43,457 (1%)
(c) Black, not Hispanic	305,666 (10%)
(d) Hispanic	120,703 (4%
(e) White, not Hispanic	2,423,244 (83%)

IV. HOME-DELIVERED MEALS

A. STAFFING

1. Total Paid Staff		14,709 (100%)
(a) 60+ Staff	4,571 (31%)	
(b) Minority Staff	3,418 (23%)	
(c) Female Staff	10,994 (75%)	
2 .Total Volunteers		116,347 (100%)
(a) 60+ Volunteers	81,927 (70%)	
(b) Minority Volunteers	25,717 (22%)	

B. HOME DELIVERED SERVICE

1. Total Home Delivered Meal Providers		3,558 (100%)

2. Meal Frequency:

(a) 7 Days Per Week	253	(7%)
(b) 6 Days Per Week	60	(2%)
(c) 5 Days Per Week	2,920	(82%)
(d) 4 Days Per Week	52	(1%)
(e) 3 Days Per Week	139	(4%)
(f) Less Than 3 Days Per Week	134	(4%)

C. TOTAL HOME DELIVERED MEAL PROVIDERS DELIVERING MORE THAN ONE MEAL PER DAY

230 (6%)

D. MEALS SERVED

Total Home Delivered Meals Served From All Funding Sources		66,710,527 (100%)
1. Hot Meals	59,004,983 (88%)	
2. Cold Meals	7,705,544 (12%)	

E. PARTICIPATION

Total Persons Served From All Funding Sources	610,931 (100%)

1. Special Population

(a) Greatest Social Need	431,389 (71%)
(b) Greatest Economic Need	389,539 (63%)
(c) Total Minority Served	113,939 (19%)

2. Racial/Ethnic Composition:

(a) American Indian/Native Alaskan	11,067 (2%)
(b) Asian/Pacific Islander	4,696 (1%)
(c) Black, not Hispanic	74,631 (12%)
(d) Hispanic	23,545 (4%)
(e) White, not Hispanic	496,992 (81%)

APPENDIX V

ADMINISTRATION ON AGING

Office of Human Development Services

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FISCAL YEAR 1985

Grantees under Title VI of the Older Americans Act

- Grants to Indian Tribes for Supportive and Nutritional Services

As of September 30, 1985

			Number of Grantees
Pages 1-10	90AI0086 to 90AI0160	Grants Effective 9-30-85	72
Pages 10-11	90AI0161 to 90AI0168	Grants Effective 1-1-85	8
Pages 11-16	90AI0169 to 90AI0212	Grants Effective 4-1-85	44
Page 16	90AI0213	Grant Effective 9-30-85	1
	TOTAL GRANTEES		125

	Funds Granted in Fiscal Year 1985
Mr. Roger A. Jourdain Tribal Chairman Red Lake Band of Chippewa Indians P.O. Box 441 Red Lake, MN 56671 Re: 90AI0086	$ 74,344
Mr. Cliv Dore Tribal Governor Passamaquoddy Tribe Pleasant Point Health Center P.O. Box 351 Perry, ME 04667 Re: 90AI0087	$ 44,344
Mr. Emerson Webster Chairman Chiefs Council Tonawanda Band of Senecas Council of Chiefs 7027 Meadville Road Basom, NY 14013 Re: 90AI0088	$ 44,344
Ms. Myrtle Tolenen Governor Keweenaw Bay Indian Community Keweenaw Bay Tribal Center Route 1 Baraga, MI 49908 Re: 90AI0089	$ 54,344
Ms. Barbara Spang Acting Director Northern Cheyenne Tribe Northern Cheyenne Elderly Program P.O. Box 128 Lame Deer, MT 59043 Re: 90AI0090	$ 54,344
Mr. Joseph E. Depuis Department Head, Tribal Health Confederated Salish & Kootenai Tribes Elderly Indian Program 26 Round Butte Road West Ronan, MT 59864 Re: 90AI0091	$ 74,344
Mr. Merlin Red Cloud, Jr. Tribal Chairman Wisconsin Winnebago Business Committee Elderly Services Program P.O. Box 311 Tomah, WI 54660 Re: 90AI0092	$ 54,344
Mr. Norman Hollow Tribal Chairman Assiniboine & Sioux Tribes Fort Peck Indian Reservation P.O. Box 1027 Poplar, MT 59255 Re: 90AI0093	$ 60,560

Mr. Michael C. Parish Executive Director Inter-Tribal Council of Michigan, Inc. 405 E. Easterday Avenue Sault Ste Marie, MI 49783 Re: 90AI0094	$ 54,344
Mr. Eugene W. Taylor Tribal Chairman St. Croix Tribal Council Star Route Webster, WI 54893 Re: 90AI0095	$ 44,344
Mr. Richard Gurnoe Tribal Chairman Red Cliff Band of Lake Superior Chippewa P.O. Box 529 Bayfield, WI 54814 Re: 90AI0096	$ 44,344
Mr. Earl Old Person Chairman Blackfeet Tribe Eagle Shield Center P.O. Box 850 Browning, MT 59417 Re: 90AI0097	$ 84,344
Mr. Robert S. Youngdeer Principal Chief Eastern Band of Cherokee Indians Elderly Nutrition Program P.O. Box 455 Cherokee, NC 28719 Re: 90AI0098	$ 64,344
Mr. Arthur Gahbow Chief Executive Mille Lacs Band of Chippewa Indians Star Route Box 194 Onamia, MN 56359 Re: 90AI0099	$ 44,344
Mr. Leon Miller Tribal Chairman Stockbridge-Munsee Community Route 1 Bowler, WI 54416 Re: 90AI0100	$ 54,344
Mr. Joseph K. Lumsden Tribal Chairman Sault Ste. Marie Tribe of Chippewa Indians 206 Greenough St. Sault Ste. Marie, MI 49783 Re: 90AI0102	$ 84,344

Mr. Gary Breshears Executive Director Muscogee (Creek) Nation P.O. Box 580 Okmulgee, OK 74447 Re: 90AI0103	$ 84,375
Mr. Overton James Governor Chickasaw Nation Human Services Department P.O. Box 1548 Ada, OK 74820 Re: 90AI0104	$ 90,000
Mr. Ernest House Tribal Chairman Ute Mountain Ute Tribe Title VI Senior Citizens Program General Delivery Towaoc, CO 81334 Re: 90AI0105	$ 44,344
Mr. Stacey Buffalohead Executive Director Otoe-Missouria Tribe P.O. Box 68 Red Rock, OK 74651 Re: 90AI0106	$ 54,344
Mr. Hollis E. Roberts Chief Choctaw Nation of Oklahoma Health Department Drawer 1210 Durant, Ok 74702 Re: 90AI0107	$ 90,000
Mr. Ed Tanyan Principal Chief Seminole Nation of Oklahoma Older Americans Program P.O. Box 1481 Wewoka, OK 74884 Re: 90AI0108	$ 90,000
Mr. Jose E. Trujillo Governor San Juan Pueblo Senior Citizens Program P.O. Box 1099 San Juan Pueblo, NM 87566 Re: 90AI0109	$ 54,344
Mr. Leonard Atole Tribal President Jicarilla Apache Tribe Senior Citizens Program P.O. Box 147 Dulce, NM 87528 Re: 90AI0110	$ 44,344

Mr. Merle L. Garcia
Governor
Pueblo of Acoma $ 64,344
Acoma Senior Citizens
P.O. Box 475
Pueblo of Acoma, NM 87034 Re: 90AI0111

Mr. Jose M. Tafoya
Santa Clara Pueblo $ 54,344
Senior Citizens Program
P.O. Box 580
Espanola, NM 87532 Re: 90AI0112

Mr. Morgan Garreau
Tribal Chairman
Cheyenne River Sioux Tribe $ 74,344
Cheyenne River Elderly Nutrition
Box 784
Eagle Butte, SD 57625 Re: 90AI0113

Mr. John Hubbard
Executive Director
The Navajo Tribe $ 54,344
Health Improvement Service
P.O. Drawer 1390
Window Rock, AZ 86515 Re: 90AI0114

Mr. Roger Jim, Sr.
Chairman
Yakima Indian Nation $ 44,344
Area Agency on Aging
P.O. Box 151
Toppenish, WA 98948 Re: 90AI0115

Lester M. Chapoose
Chairman
Uintah & Ouray Business Committee $ 54,344
Senior Citizens Program
P.O. Box 190
Fort Duchesne, UT 84026 Re: 90AI0116

Mr. David G. Ramirez
Chairman
Pascua Yaqui Tribe $ 54,344
7474 S. Camino De Oeste
Tucson, AZ 85746 Re: 90AI0117

Mr. Wendell Chino
President
Mescalero Apache Tribe $ 54,344
Elderly Program
P.O. Box 176
Mescalero, NM 88340 Re: 90AI0118

Mr. Josiah Moore
Tribal Chairman
The Papago Tribe of Arizona $ 54,344
P.O. Box 837
Sells, AZ 85634 Re: 90AI0119

Ms. Ada Kearney
Executive Director
Laguna Rainbow Corporation $ 90,000
P.O. Box 236
New Laguna, NM 87038 Re: 90AI0120

Mr. Elwood H. Patawa
Chairman
Confederated Tribes of $ 74,344
the Umatilla Indian Reservation
P.O. Box 638
Pendleton, OR 97801 Re: 90AI0121

Mr. Kesley Edmo, Sr.
Chairman
Shoshone-Bannock Tribes $ 64,344
Nutrition Program
P.O. Box 306
Fort Hall, ID 83203 Re: 90AI0122

Mr. William E. Jones
Vice Chairman
Lummi Indian Business Council $ 54,344
Senior Citizens Department
2616 Kwina Road
Bellingham, WA 98226 Re: 90AI0123

Mr. Charles W. Murphy
Chairman
Standing Rock Sioux Tribe $ 74,344
Nutrition for the Elderly Program
P.O. Box D
Fort Yates, ND 58538 Re: 90AI0124

Mr. Allen Earl
Vice Chairman
San Carlos Apache Tribe $ 44,344
San Carlos Health Authority
P.O. Box 0
San Carlos, AZ 85550 Re: 90AI0125

Mr. Newton Cummings
President
Oglala Sioux Tribe $ 90,000
Social and Nutrition Program
Box 468
Pine Ridge, SD 57770 Re: 90AI0127

Mr. Ramon C. Garcia Governor Santo Domingo Pueblo Tribe P.O. Box 9 Santo Domingo, NM 87052 Re: 90AI0128	$ 64,344
Mr. Ronnie Lupe Tribal Chairman White Mountain Apache Tribe P.O. Box 1179 Whiteriver, AZ 85941 Re: 90AI0129	$ 54,344
Mr. Joe C. Sandoval Governor Pueblo of Taos Governor's Office P.O. Box 1846 Taos, NM 87571 Re: 90AI0130	$ 64,344
Mr. William J. Houle Chairman Fond Du Lac Reservation B.C. 105 University Road Cloquet, MN 55720 Re: 90AI0131	$ 54,344
Mr. Andy Lucero Governor Pueblo of Isleta P.O. Box 316 Isleta, NM 87022 Re: 90AI0132	$ 64,344
Mr. Ivan Sidney Chairman Hopi Tribal Council Hopi Health Department P.O. Box 123 Kyakotsmovi, AZ 86039 Re: 90AI0133	$ 74,344
Mr. Alvin [illegible] Chairman Yankton Sioux Tribe Box 248 Marty, SD [illegible] Re: 90AI0134	$ 64,344
Mr. Rick St Germaine Tribal Chairman Lac Courte Oreilles Tribal Governing Board Route 2, P.O. Box 2700 Hayward, WI 54843 Re: 90AI0135	$ 54,344

Mr. Joe Corbine
Tribal Chairman
Bad River Tribal Council $ 44,344
Bad River Aging Unit
P.O. Box 39
Odanah, WI 54861 Re: 90AI0136

Mr. W. Wade Miller
Chairman
Omaha Tribe of Nebraska $ 54,344
Senior Citizen Center
P.O. Box 368
Macy, NE 68039 Re: 90AI0137

Mr. Apesanagwat
Chairman
Menominee Indian Tribe $ 54,344
of Wisconsin
Community Action Program
P.O. Box 397
Keshena, WI 54135 Re: 90AI0138

Mr. Gordon L. Pullar
President
Kodiak Area Native Association $ 64,344
Health Department
401 Center Street
Kodiak, AK 99615 Re: 90AI0139

Mr. Rodney E. Smith
Executive Director
Puyallup Tribal Health Authority $ 84,344
Health Services Division
2209 East 32nd Street
Tacoma, WA 88404 Re: 90AI0140

Mr. J. Herman Reuben
Chairman
Nez Perce Tribe of Idaho $ 54,344
Nez Perce Tribal Executive
Committee
P.O. Box 305
Lapwai, ID 83540 Re: 90AI0142

Ms. Violet Hillaire
Northwest Washington Service $ 54,344
Unit
Indian Health Board
P.O. Box 388
Laconner, WA Re: 90AI0143

Mr. Joseph B. Dela Cruz Chairman Quinault Indian Nation Human Resources Department P.O. Box 189 Taholah, WA 98587 Re: 90AI0144	$ 54,344
Mr. Sonny D. Bargala Chairman Muckleshoot Indian Tribe Tribal Council 39015 172nd Avenue, S.E. Auburn, WA 98002 Re: 90AI0145	$ 54,344
Mr. George L. Wahquahboshkuk Chairperson Prairie Band of Potawatomi Indians P.O. Box 97 Mayetta, KS 66509 Re: 90AI0146	$ 44,344
Mr. Aquila Tilton Chairman United Tribes of Kansas and Southeast Nebraska, Inc. P.O. Box 29 Horton, KS 66439 Re: 90AI0147	$ 44,344
Mr. Fred Thomas Tribal Council Chairman Kickapoo Tribe in Kansas Route 1, Box 157A Horton, KS 66439 Re: 90AI0148	$ 44,344
Mr. Gerald Nicodemus Deputy Director Eastern Washington Indian Consortium P.O. Box 223 Wellpinit, WA 99040 Re: 90AI0149	$ 54,344
Mr. Rocky Stump, Sr. Tribal Chairman Chippewa Cree Tribe Rocky Boy Route, Box 544 Box Elder, MT 59521 Re: 90AI0150	$ 54,344
Mr. John A. Barrett Tribal Administrator Citizen Band Potawatomi Indians of Oklahoma Route 5, Box 151 Shawnee, OK 74801 Re: 90AI0151	$ 90,000

Mr. Lawrence Goodfox, Jr. President Pawnee Tribe of Oklahoma Pawnee Business Council P.O. Box 470 Pawnee, OK 74058 Re: 90AI0152	$ 64,344
Mr. James H. Allen Seneca-Cayuga Tribe of Oklahoma R 2301 E. Steve Owens Boulevard P.O. Box 1283 Miami, OK 74355 Re: 90AI0153	$ 44,344
Mr. Ross O. Swimmer Cherokee Nation of Oklahoma P.O. Box 948 Tahlequah, OK 74465 Re: 90AI0154	$ 90,000
Mr. George Tallchief Principal Chief Osage Tribe of Oklahoma Osage Nation Federal Programs Osage Agency Campus Pawhuska, OK 74056 Re: 90AI0155	$ 90,000
Mr. Jim Wahpepah Tribal Chairman Kickapoo Tribe of Oklahoma P.O. Box 58 McLoud, OK 74851 Re: 90AI0156	$ 90,000
Ms. Janice Freeman Executive Director Inter Tribal Council of Nevada, Inc. (Duckwater, etc.) P.O. Box 7440 Reno, NV 89510 Re: 90AI0157	$ 44,344
Mr. A. Brian Wallace Vice Chairman Washoe Tribe of Nevada and California Route 2, Box 68 Gardnerville, NV 89410 Re: 90AI0158	$ 54,344
Mr. Gary Peterson Director South Puget Intertribal Planning Agency West 81, Highway 108 Shelton, WA 98584 Re: 90AI0159	$ 78,040

Ms. Eleanor L. Abbott Chairperson Hupa Health Association, Inc. P.O. Box 1288 Hoopa, CA 95546 Re: 90AI0160	$ 54,344
Mr. Philip Martin Chief Mississippi Band of Choctaw Indians Route 7, Box 21 Philadelphia, MS 39350 Re: 90AI0161	$ 75,000
Mr. Gerald Anton President Salt River Pima-Maricopa Indian Comm. Route 1, Box 216 Scottsdale, AZ 85256 Re: 90AI0162	$ 66,384
Mr. Al Aubertin Chairman Colville Confederated Tribes P.O. Box 150 Nespelem, WA 99155 Re: 90AI0163	$ 65,800
Mrs. Donna M. Young Executive Director Southern Ute Community Action Programs P.O. Box 296 Ignacio, CO 81137 Re: 90AI0164	$ 56,384
Mr. Harry F. Gilmore Vice-Chairman Quapaw Tribe of Oklahoma P.O. Box 765 Quapaw, OK 74363 Re: 90AI0165	$ 65,422
Mr. Billy Evans Horse Chairman Kiowa Tribe of Oklahoma P.O. Box 361 Carnegie, OK 73015 Re: 90AI0166	$ 85,903
Mr. Chauncey Simplicio Governor Pueblo of Zuni P.O. Box 339 Zuni, NM 87327 Re: 90AI0167	$ 96,384

Mr. Ramus Suina Five Sandoval Indian Pueblos, Inc. P.O. Box 580 Bernalillo, NM 87004 Re: 90AI0168	$ 76,384
Mr. Webster Two Hawk President Rosebud Sioux Tribe P.O. Box 430 Rosebud, SD 57570 Re: 90AI 0169	$ 62,849
Mr. Joe L. Garcia, Executive Director Eight Northern Indian Pueblos Council (for Picuris, Pojoaque, and Nambe Pueblos) P.O. Box 969 San Juan Pueblo, NM 87566 Re: 90AI0170	$ 42,849
Mr. Elmer White Chairman Devils Lake Sioux Tribe Fort Totten, ND 58335 Re: 90AI0171	$ 62,849
Mr. Anthony Drennan, Sr. Tribal Chairman Colorado River Indian Tribes Route 1, Box 23-B Parker, AZ 85344 Re: 90AI0172	$ 52,849
Mr. Franklin R. Perez President Fort Belknap Community Council P.O. Box 249 Fort Belknap Agency Harlem, MT 59526 Re: 90AI0173	$ 62,849
Mr. Donald A. Stewart, Sr. Chairman Crow Tribe Crow Agency, MT 59022 Re:90AI0174	$ 62,849
Mr. Ralph Minnick Secretary-Treasurer Confederated Tribes of Warm Springs P.O. Box C Warm Springs, OR 97761 Re: 90AI0175	$ 52,849

Dr. Sajjan S. Bajwa Program Director Tule River Indian Health Center, Inc. Tule Indian Reservation P.O. Box 768 Porterville, CA 93257 Re: 90AI0176	$ 42,849
Mr. George C. Bowechop Chairman Makah Tribal Council P.O. Box 115 Nean Bay, WA 98357 Re: 90AI0177	$ 42,849
Mr. William C. Williams President Tanana Chiefs Conference, Inc. 201 First Avenue Fairbanks, Alaska 99701 Re:90AI0178	$ 80,000
Mr. Henry Esquibel, Sr. Governor Pueblo of San Felipe P.O. Box A San Felipe Pueblo, NM 87001 Re: 90AI0179	$ 52,849
Mr. Russell Hawkins Tribal Chairman Sisseton-Wahpeton Sioux Tribe Lake Traverse Reservation P.O. Box 262 Sisseton, SD 57262 Re: 90AI0180	$ 52,849
Mr. Richard J. LaFromboise Chairman Turtle Mountain Band of Chippewa Tribe Box 900 Belcourt, ND 58316 Re: 90AI0181	$ 90,000
Mr. Joe L. Garcia Executive Director Eight Northern Indian Pueblos Council (for San Ildefonso and Tesuque Pueblos) P.O. Box 969 San Juan Pueblo, NM 87566 Re: 90AI0182	$ 42,849
Mr. Joe L. Loretto Governor Pueblo of Jemez P.O. Box 78 Jemez Pueblo, NM 87024 Re:90AI0183	$ 52,849

Mr. Wallace Wells, Jr. Tribal Chairman Crow Creek Sioux Tribe Fort Thompson, SD 57325 Re: 90AI0184	$ 52,849
Mr. George V. Goodwin Executive Director Minnesota Chippewa Tribe P.O. Box 217 Cass Lake, MN 56633 Re: 90AI0185	$ 62,849
Mr. Michael Prescott Chairperson Lower Sioux Indian Community P.O. Box 308, Rural Route 1 Morton, MN 56270 Re: 90AI0186	$ 42,849
Mr. Edgar L. French President Delaware Tribe of Western Oklahoma P.O. Box 825 Anadarko, Ok 73005 Re: 90AI0187	$ 72,849
Mr. Fred B. Hoffman Tribal Chairman Cheyenne-Arapaho Tribes of Oklahoma P.O. Box 38 Concho, OK 73022 Re: 90AI0188	$ 62,849
Mr. Bill Dickey Allen Chief Miami Tribe of Oklahoma Box 636 202 South Eight Tribes Trail Miami, OK 74355 Re: 90AI0189	$ 62,849
Mr. Leaford Bearskin Chief Wyandotte Tribe of Oklahoma P.O. Box 470 Miami, OK 74355 Re: 90AI0190	$ 62,849
Mr. Lewis H. Barlow Chief Ottawa Tribe of Oklahoma P.O. Box 110 Miami, OK 74355 Re: 90AI0191	$ 42,849

Mr. Rodney P. Arnette Chief Peoria Tribe of Oklahoma P.O. Box 1527 Miami, OK 74355 Re: 90AI0192	$ 52,849
Ms. Janice Freeman Executive Director Inter Tribal Council of Nevada (for Yomba, Fallon, etc.) 650 South Rock Boulevard P.O. Box 7440 Reno, NV 89510 Re: 90AI0193	$ 42,849
Ms. Janice Freeman Inter Tribal Council of Nevada (for Moapa Reservation, etc.) 605 South Rock Boulevard P.O. Box 7440 Reno, NV 89510 Re: 90AI0194	$ 52,849
Mr. Elvin Willie, Jr. Tribal Chairman Walker River Paiute Tribe Walker River Indian Reservation P.O. Box 220 Schurz, NV 89427 Re: 90AI0195	$ 52,849
Mr. Bernard Kahrahrah Tribal Chairman Comanche Indian Tribe P.O. Box 908 Lawton, OK 73502 Re: 90AI0196	$ 82,849
Mr. Leroy Nimsey Chairman The Apache Tribe of Oklahoma P.O. Box 1220 Anadarko, OK 73005 Re: 90AI0197	$ 57,571
Mr. Ray Thomas Vice Chairman Caddo Tribe of Oklahoma P.O. Box 487 Binger, OK 73009 Re: 90AI0198	$ 62,849
Mr. Whitney G. McKinney Tribal Chairman Shoshone-Paiute Tribes P.O. Box 219 Owyhee, NV 89832 Re: 90AI0199	$ 52,849

Mr. Gaylon Franklin Second Chief Sac and Fox Tribe of Indians of Oklahoma Route 2, Box 246 Stroud, OK 74079 Re: 90AI0200	$ 42,849
Mr. Reuben A. Snake, Jr. Tribal Chairman Winnebago Tribe of Nebraska P.O. Box 687 Winnebago, NE 68071 Re: 90AI0201	$ 52,849
Mr. Joseph C. Raphael Tribal Chairman Grand Traverse Band of Ottawa and Chippewa Indians Route 1, Box 135 Suttons Bay, MI 49682 Re: 90AI0202	$ 52,849
Mr. Purcell Powless Chairman Oneida Tribe of Indians of Wisconsin P.O. Box 265 Oneida, WI 54155 Re: 90AI0203	$ 42,849
Mr. William Wildcat, Sr. Chairman Lac du Flambeau Band of Lake Superior Chippewa Indians P.O. Box 67 Lac du Flambeau, WI 54538 Re: 90AI0204	$ 52,849
Ms. Alyce Spotted Bear Chairman Three Affiliated Tribes Box 220 New Town, ND 58763 Re: 90AI0205	$ 62,849
Mr. Earl Frank, Jr. Chairman Bishop Indian Tribal Council P.O. Box 548 Bishop, CA 93414 Re: 90AI0206	$ 42,849
Mr. Clyde Jackson Chairman Board of Trustees Institute for Indian Development P.O. Box 14616 Baton Rouge, LA 70898 Re: 90AI0207	$ 52,849

Mr. Gus M. Adams Executive Director Central Council of Tlingit and Haida Indian Tribes of Alaska 320 West Willoughby Avenue Suite 311 Juneau, AK 99801 Re: 90AI0208	$ 62,849
Mr. Ward V. Anderson Executive Director Toiyabe Indian Health Project Inc. P.O. Box 1296 Bishop, CA 93514 Re: 90AI0209	$ 42,849
Ms. Barbara Brown Director of Senior Programs Round Valley Indian Health Center P.O. Box 247 Covelo, CA 95428 Re: 90AI0210	$ 42,849
Mr. Ray Berrara Executive Director Sonoma County Indian Health Project 2240 Professional Drive P.O. Box 11126 Santa Rosa, CA 95401 Re: 90AI0211	$ 42,849
Ms. Adelaide L. Presley Executive Director Riverside-San Bernardino County Indian Health, Inc. 11555 1/2 Potrero Road Banning, CA 92220 Re: 90AI0212	$ 42,849
Mr. Richard Kitto Chairman Nebraska Santee Sioux Tribe Route 2, Santee Area Niobrara, NE 68760 Re: 90AI0213	$ 54,344
TOTAL	$ 7,500,000

APPENDIX VI

ADMINISTRATION ON AGING
ACTIVE GRANTS AND CONTRACTS
UNDER TITLE IV OF THE OLDER AMERICANS ACT

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** Indicates funds awarded under FY 1984 Coordinated HDS Announcement.

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ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90A1184 NATIONAL COUNCIL ON THE AGING, WASHINGTON, DC NVOILA/VOLUNTARISM IN ACTION FOR AGING Thomas Beal (202) 479-1200	08/01/77- 02/28/86	$125,785	$145,450	$93,500 $24,687 $24,847	The purpose of this project is to stimulate national voluntary organizations to encourage and help their local units develop and carry-out new programs to help older persons in their communities. Project will promote communication between NVOs and the Aging Network.
90AM0039 CARBIDE RETIREE SERVICE CORPS, INC., NEW YORK, NY USE OF BUSINESS VOLUNTEERS TO HELP STATE AND LOCAL AGENCIES ON AGING W.C. Morro, Jr. (803) 246-6636	10/01/82- 03/31/86		$75,000		To foster productive working relationships between retired scientific, business trained volunteers and the aging network and to initiate new partnerships between the aging network and the public and private sector involved in technology transfer and technological innovation.
90AM0060 MONTGOMERY HOSPICE SOCIETY, CHEVY CHASE, MARYLAND HOSPICE PATIENTS WITHOUT PRIMARY CAREGIVERS Patience S. Herren (301) 951-9009	09/30/83- 11/29/85		$99,150*		This project is designed to test the feasibility of providing in home care to terminally ill older persons who lack a family or primary caregiver. A package of formal and informal support services will be designed to substitute for the care usually provided by a primary caregiver. Both the feasibility and costs of this method of hospice care will be evaluated. If successful, the method will have considerable impact for all older persons lacking a family support system.
90AM0057 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. STRENGTHENING THE EFFECTIVENESS OF STATE HUMAN SERVICE AGENCIES THROUGH THE TRANSFER OF EXISTING KNOWLEDGE AND INFORMATION Theresa Lambert (202) 484-7182	07/01/83- 11/30/85	$112,161*	$29,968	$49,863	The purpose of the project is to increase the effectiveness of state human service agencies through the development of a model knowledge transfer system for the dissemination and utilization of existing research, demonstration, evaluation, and training in two priority program areas.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AM0073 DRAKE UNIVERSITY LAW SCHOOL DES MOINES, IOWA SENIOR CITIZENS LEGAL SERVICES PROGRAM Daniel Power (515) 271-3851	08/01/84- 06/30/86		$114,942**		The principal purposes of the project are to increase (1) quality legal services to the elderly, (2) the amount of Pro bono services provided by members of the legal profession and thus, (3) to reduce the unmet legal needs of the elderly.
90AM0074 ARTHRITIS FOUNDATION, ATLANTA GEORGIA ARTHRITIS SERVICES NETWORK Floyd Pennington (404) 872-7100	08/01/84 12/31/85		$99,440**		This project will establish a national arthritis service network comprised of public/private voluntary organizations under whose aegis elderly volunteers will be trained to disseminate health promotion programs among their peers.
90AM0078 NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS, TRENTON, NEW JERSEY MICROCOMPUTER-BASED INFORMATION SYSTEM NETWORK Ron Musyk (609) 292-3766	08/01/84 12/31/85		$149,544**		The project will create five state management information system networks among Area Agencies on Aging and State Units on Aging. The networks will use low cost microcomputer technology, and will support a variety of analytic procedures which will aid State Units planning and evaluationg functions.
90AM0080 CENTER FOR ENVIRONMENTAL PHYSIOLOGY, WASHINGTON, D.C. HYPOTHERMIA THEROMETER PROJECT W. Moulton Avery (202) 737-3795	08/01/84- 12/31/85		$55,000**		This project will conduct a national educational compaign to alert health professionals to the prevention measures that should be taken in detecting and combating the problem of hypothermia as it affects older persons.
90AM0081 WYOMING DEPARTMENT OF HEALTH & SERVICES, CHEYENNE, WYOMING LEGAL TRAINING OF LAY AND PROFESSIONAL ADVOCATES Donna McCrea (307) 777-7986	08/01/84- 12/31/85		$15,160**		This project will provide documentation, recommendations and implementation strategies necessary to conduct community-based training sessions on major law-related problems of the elderly for senior citizen abvocates (both professional and laymen). The aim of the project is to train advocates to reach the rural or isolated elderly with the training information.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AM0082 JEWISH HOSPITAL OF ST. LOUIS — WASHINGTON U., ST LOUIS, MO. OLDER ADULT SERVICE AND INFORMATION SYSTEM (OASIS) DISSEMINATION PROJECT Marylen Mann (314) 454-7105	09/01/84- 06/31/86		$199,050**		This project will disseminate the practices and techniques for establishing department store-based senior centers as developed and tested in four cities under the OASIS concept and with the sponsorship of the May Company. Additional OASIS sites will be established in eight (8) cities, completing a nation-wide network of these innovative models of private/public partnerships.
90AM0084 AMERICAN ASSOCIATION OF RETIRED PERSONS, WASHINGTON, D.C. FREE LEGAL HOT LINE Wayne Moore (202) 728-4333	08/01/84- 12/31/85		$101,173**		The purpose of this project is to determine whether a free, city-wide legal hot line for older people can be self-supporting using an innovative financial scheme. During the 8 months of actual operation, the hot line will provide free legal advice by licensed attorneys. It will also provide brief legal services (e.g. draft a letter; review a document) for a flat fee of about $10. Finally, it will refer people who need additional legal services to attorneys who will charge fees which are at least 20% below market rates.
90AM0085 MEGIS COUNTY COUNCIL ON AGING, INC., POMEROY, OHIO AT RISK ELDERLY IN RURAL AMERICA: CREATING FAMILY SUPPORT NETWORKS Susan Oliver (614) 922-2161	09/01/84- 06/30/86		$17,508**		This project will provide an alternative to institutionalization for fifteen (15) to twenty-five (25) at risk, frail, rural elderly by incorporating conceptual understanding and skills into the basic family unit to encourage their confidence and competency as care providers. The project will design and present a series of 12 educational training sessions to these families to improve caretaker coping behavior.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90AM0087 UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CALIFORNIA DISSEMINATING TRAINING AND EDUCATIONAL MATERIALS ON AGING Helen Dennis (213) 743-5156	09/01/84- 11/30/85		$119,686**		This project will disseminate new approaches to educating management and union officials to enhance employment and retention opportunities for older workers. The objectives are (1) to establish a national mechanism to disseminate a training program on aging to managers from corporations, universities and government agencies; and (2) to provide educational materials about older workers to unions.
90AM0088 NATIONAL ALLIANCE OF BUSINESS, WASHINGTON, D.C. PROMOTING OLDER WORKER EMPLOYMENT OPPORTUNITIES Frances Rothstein (202) 289-2910	08/15/84- 11/30/85		$146,621**		This project addresses the national need to increase the awareness and involvement of the business community, especially private industry councils, in issues and strategies related to meeting the employment needs of Older workers. In addition, the project will develop a special training package for private industry councils and corporate executives to sensitize them to older worker employment issues; and alert them to potential advantages of working closely with the aging network.
90AM0089 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. STRENGTHENING THE ROLE OF FAMILY AS CAREGIVERS Dan Quirk (202) 484-7182	09/30/84- 11/30/85		$150,000**		The purpose of this project is to strengthen the capacity of the aging network to enhance the role of the caregiver family and to establish more effective linkage mechanisms between these informal services and formal care systems. The project will produce five reports on successful programs and activities (direct services to families, access services, economic supports, education and training, and interrelationships among family supports) which will assist State Units on Aging to adapt and build upon these initiatives.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90AM0092 OPERATION ABLE OF GREATER BOSTON, BOSTON, MASSACHUSETTS PROFITABLE BUSINESS MODELS FOR USING OLDER WORKERS J.R. Hipple (617) 338-0213	09/01/84- 11/30/85		$102,179**		The project proposes to compile successfully tested local and nationwide business models using older workers, and will use this information to conduct an awareness and advocacy campaign in Greater Boston of the benefits to business of retaining and hiring the older worker. The project will obtain commitment from 75 Greatrr Boston employers to pilot test one or more strategies for using the older worker.
90AM0093 UNIVERSITY OF ARIZONA, TUCSON, ARIZONA STRENGTHENING INFORMAL CAREGIVER EFFECTIVENESS Vernon Greene (602) 621-7464	09/01/84- 01/31/86		$106,993**		This project will demonstrate and evaluate the clinical and cost effectiveness of providing training to informal caregivers of chronically impaired older persons. Four hundred caregivers will be trained through group process methods as well as through individualized counseling. The anticipated outcomes are stress reduction, lessened dependence on formal services, and lower incidence of caregiver "burnout".
90AM0094 METROPOLITAN CHICAGO COALITION ON AGING, CHICAGO, ILLINOIS TASK FORCE TO CREATE AFFORDABLE HOUSING ALTERNATIVES FOR THE ELDERLY Beverly Nash (312) 922-5890	09/30/84- 02/28/86		$90,375**		Under this project, an integrated set of housing options for older people in the Chicago metropolitan area will be planned and implemented by teams of expert volunteers representing public, private, and voluntary sectors. The project is intended to serve as a model to local communities of collaborative action for the establishment of housing alternatives for the elderly.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90AM0095 WASHINGTON UNIVERSITY, ST. LOUIS, MISSOURI CASE MANAGEMENT SERVICES BY THE VOLUNTEER ELDERLY Martha Ozawa (314) 889-6615	09/01/84-01/31/86		$100,859**		The purpose of this project is to study a community-based program in St. Louis in which elderly volunteers will serve as case managers for elderly "clients," assisting them with needed services, socialization and maintenance of their independence. The study will investigate (a) the characteristics of the elderly who become case managers; (b) the characteristics associated with productive case management; and (c) the strengths and limitations of this services delivery strategy.
90AM0096 UNIVERSITY OF MISSOURI, KANSAS CITY, MISSOURI DEVELOPING INFORMANTS TO ASSIST RURAL FAMILIES CARING FOR ELDERLY Burton Halpert (816) 474-7770	09/01/84-01/31/86		$90,675**		This project is designed to assist impaired rural elderly and their family caregivers who are jeopardized by a scarcity of formal in-home care services, isolation, and, in many cases, by their reluctance to trust or utilize unfamiliar caregivers. To meet their needs, a demonstration project will be conducted using members of a large voluntary organization, the Missouri Extension Homemakers Association who will be trained to provide information to a minimum of 100 to 150 families on proper caregivers and stress reducing techniques, and connect them with appropriate community resources if respite and specialized care are needed.
90AM0097 MISSOURI DEPARTMENT OF SOCIAL SERVICES, JEFFERSON CITY, MISSOURI STATE AGENCY/PRIVATE SECTOR/FAMILY LINKAGE THROUGH AN OLDER VOLUNTEER BANK Rick Westphal (314) 751-3082	09/01/84-01/31/86		$75,000**		The applicant proposes to establish a program of older volunteers (60+) to provide respite are for families in need. The older volunteers would receive credit for hours of care provided. The time would be credited on a registry and repaid in return for future service for their own needs.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AM0100 ERIE COUNTY DEPARTMENT OF SENIOR SERVICES, BUFFALO, NEW YORK TRANSFERABILITY OF OCCUPATIONAL THERAPY TECHNIQUES TO INFORMAL SUPPORTS Clifford Whitman (716) 846-8522	09/01/84- 06/30/86		$95,500**		The purpose of this project is to demonstratr the transferability of occupational therapy skills to nonprofessionals and informal caregivers. The project will use a neighborhood based approach to train elderly, families, and youth to assess the living space of older persons, the intent of being to prevent accidents facilitate coping skills, enhance mobility, and increase independent living capability.
90AM0104 THE CATHOLIC UNIVERSITY OF AMERICA, WASHINGTON, D.C. FAMILY SUPPORTS FOR THE ETHNIC ELDERLY Christopher Hayes (202) 635-5483	09/01/84- 03/31/86		$96,650**		The project intends to improve access to community support systems for seven milion Euro- American elderly for whom language barriers are a major problem. Implementation will be accomplished through the development of issue papers and the conduct of a national conference involving human service providers and representatives of key Euro-American communities, including elders. The project will also produce one guide for ethnic leaders and another for service providers.
90AM0106 NORTHWEST BRONX COMMUNITY AND CLERGY COALITION, INC., NY. NY SENIOR CITIZENS INTERGENERATIONAL SUPPORT GROUP ORGANIZING PROJECT Al Drummond (212) 933-3101	09/30/84- 12/29/85	—	$78,775**		The project will demonstrate the efficacy of organizing intergenerational support groups in urban multi-family housing units as a means of enhancing the overall well being of the resident senior citizen population. The project will focus on improving the housing stock and physical security and safety conditions under which area seniors live. Code violations in targeted buildings will be corrected, detailed housing renovation plans will be prepared and an area wide Senior Citizen Court Monitoring Committee to deal with crime against the elderly will be established.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AM0108 AMERICAN BAR ASSOCIATION, CHICAGO, ILLINOIS HOME EQUITY CONVERSIONS: ENHANCING LEGAL AWARENESS Nancy Coleman (202) 331-2297	09/30/84- 06/30/86		$100,000		The project will coordinate legal analysis in the home equity conversion field, and to enhance awareness of the legal aspects of home equity conversion by the private bar and other segments of the legal community. The grantee will produce a written analysis of laws affecting home equity conversion in selected states. A format for such legal research will be disseminated to enable attorneys in other states to replicate and adapt the grantee's efforts. The project will also implement continuing legal education sessions for lawyers in the several states and conduct a nationwide survey of the interest and needs of continuing legal education entities in the home equity conversion field.
90AM0109 NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, D.C. BROKERING: THE MISSING LINK Ray Mastalish (202) 484-7520	09/30/84- 04/30/86		$208,908		This project is designed to demonstrate how the resources of the private sector can be utilized or "brokered" to serve the needs of older persons in the areas of nutrition, transportation, energy conservation, health promotion, income and I&R, and adult day care. Six different activities including marketing research, promotion of services or products, promotion of public image, employee training, employee benefits consultation, and interpretation of market trends will be undetaken by a number of different Area Agencies.

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90AM0110 AREA AGENCY ON AGING FOR NORTH FLORIDA, TALLAHASSEE, FLORIDA COUNSELING FOR ALTERNATIVE RESIDENTIAL ENVIRONMENTS (CARE) James E. Drake (904) 488-0055	09/30/84- 12/31/85		$51,700		The project will design a model program of housing counseling for the elderly. There will be a research and development component which will investigate the available resources and the need for counseling services as well as a service delivery component which will serve as a model that can be replicated nationwide. A software package will be developed to assist Housing Counselors in the analysis of social and financial needs of the elderly and for families of dependent elderly. A "How To" Manual will be prepared on developing housing counseling services.
90AR0054 UNIVERSITY OF OKLAHOMA, NORMAN, OKLAHOMA PERFORMANCE -BASED CONTRACTING Kenneth Wedel (405) 325-2821	08/01/84- 01/31/86		$87,058**		The goal of this project is to determine the effectiveness of incentives in performance-based contracting for the provision of homemaker/chore services for the elderly. This project is a cooperative effort between the University of Oklahoma School of Social Work and the Areawide Aging Agency, Inc. of Central Oklahoma. Efforts will be made to assess the effectiveness of incentives such as competitive points for future contracting, work training and recognition of programs/workers, etc.

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		FY 1983	FY 1984	FY 1985	
90AR0056 NATIONAL HISPANIC COUNCIL ON AGING, SILVER SPRING, MARYLAND THE INTERGENERATIONAL FAMILY Guillermo Chaves (301) 488-4647	09/01/84- 02/28/86		$130,000**		The purpose of this project is to develop a prevention intervention model of service provision that will utilize the intergenerational family to test various coping skills, strengths, stresses, and risk factors. The prevention model will be developed through studies of Mexican American and Puerto Rican families at 3 sites, two urban and one rural. It will then be pilot tested and refined in three clinical settings with groups of volunteer elderly and family members.
90AR0057 UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA IMPACT OF SPECIALIZED ALZHEIMER'S DISEASE DAY CARE PROGRAMS Eric Pfeiffer (813) 974-4355	09/01/84- 01/31/86		$104,353**		This project is designed to evaluate the effectiveness of using "dementia-specific day care" (DCDC) facilities in maximizing the role of family caregivers in maintaining demented patients, especially Alzheimer's disease patients, in the community as long as possible. Comparisons will be made between the impact of DCDC with that of traditional forms of day care.
90AR0060 IOWA STATE UNIVERSITY, AMES, IOWA OUTREACH: RECREATION/EXERCISE PROGRAMS FOR HOME-CENTERED ELDERLY Babara Wilhite (515) 294-4443	09/01/84- 11/30/85		$23,940**	$5,318.00	This project has two objectives. The first is to incorporate a set of twelve recreation and exercise activity materials for home-based elderly into volunteer-staffed friendly visiting programs. The second is to empirically test the benefits gained from use of these recreation/exercise materials by both the volunteer services providers and the home-centered elderly recipients. Subsequent experienced based revision of the materials is planned as well as their dissemination nationwide.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AJ1016 NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, D.C. DEVELOPING...USE OF MICROCOMPUTERS AT AREA AGENCIES ON AGING James O'Brien (202) 484-7520	08/01/84- 12/31/85		$85,000** $15,000 (HDS/OPD)		This project responds to the needs of Area Agencies on Aging for microcomputer based application packages for such uses as: targeting client groups; performing needs assessments; providing I&R; and determining gaps in the service deliery system.
90AJ1023 EASTERN MICHIGAN UNIVERSITY, YPSILANTI, MICHIGAN INTERGENERATIONAL LINKAGES Bruce Warren (313) 487-0372	09/01/84- 01/31/86		$59,882** $33,000 (ACYF) $44,996 (OPD)		This technical assistance and technology transfer project will establish 26 new intergenerational program located in the metropolitan areas of Detroit-Ann Arbor, Chicago and Atlanta. Model Demonstration Centers will be established in each metropolitan area, with eight satellite programs developed from each center. The nationally acclaimed Teaching-Learning Communities model of the Ann Arbor Public Schools will provide the intergenerational model. The program uses volunteer "grandpersons" to share skills with children and youth through arts and humanities projects.
90AJ1018 CAMP FIRE, INC., KANSAS CITY, MISSOURI INTERGENERATIONAL PROGRAM DELIVERY SYSTEM PROJECT Karen Bartz (816) 756-1950	09/01/84- 02/28/86		$45,000** $45,000 (426)		The Intergenerational program delivery system project will develop, implement, and evaluate a human service delivery system involving older adults teamed with teenagers as instructors of young children (grades K-4), teaching them self-reliance and survival skills. Through this project, 200 older persons and 200 teenagers are expected to volunteer over 75,000 hours of direct service to 3,750 young children to allevaite or prevent problems related to lack of parental supervision, emotional stress, victimization, and crime.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90AJ1020 HUMAN SERVICES DEPARTMENT, SANTA FE, NEW MEXICO HELPING NURSING HOMES OPERATE DAY CARE CENTERS Gerry Hanberry (505) 827-4077	09/30/84- 02/28/86		$59,982** $20,000 (OPD)		The purpose of this project is to demonstrate how the role of the elderly within the family and community can be strengthened through intergenerational contact between the elderly and the very young. The Laguna Raindbow Aging Center, a nursing home on an Indian Pueblo, will serve as the primary demonstration site for this project. The project would provide child care for about 20 children, at minimal cost, while adding to the activity of the elders and the strengthening of the community fabric and tradition.
90OJ1026 SOUTH CAROLINA STATE REORGANIZATION COMMISSION, COL, S.C. INTEGRATED HUMAN SERVICES MANAGEMENT SYSTEM DISSEMINATION PROJECT Philip Grose (803) 758-8743	07/01/84- 11/30/85		$35,000** $19,000 (ADD) $40,000 (426) $40,200 (HDS/OPD)		The purpose of this project is to distribute usable, structured methodologies for deriving human service priorities, preparing integrated human sevices program plans and budgets, making service and provider resource allocations, and delivering, monitoring and controlling services as develped in the South Carolina Human Services Demonstration Project.
90AJ1024 SAN DIEGO STATE UNIVERSITY, SAN DIEGO, CALIFORNIA ELDER TUTORS Percil Stanford (619) 265-6765	09/01/84- 12/31/85		$29,104** $25,000 (ACYF) $44,997 (OPD)		The specific objectives of this project are: (1) develop an after school program where the elderly work with elementary school children who lack immediate supervision by family or friends in the community; (2) improve negative stereotypes and perceptions that young people have about the elderly and aging process in general, (3) provide socialization experiences for the elderly with their peers, professionals, parents and children; (4) train older adults to assist children in the improvement of their skills in reading, mathematics and the sciences; and (5) provide older people with the opportunity to share their knowledge, skills, and experiences with younger people.

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90DJ0075 UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MINNESOTA NATIONAL STUDY OF RESIDENTIAL SERVICES FOR ELDERLY DD PERSONS Robert Bruininks (612) 373-7567	09/30/84- 12/31/85		$48,950** $48,950 (ADD)		The purpose of this project is to collect national data on the services available and/or needed by elderly DD persons in the residential care systems and to describe individual state policies affecting this population in order to develop a national status report and to provide recommendations for future policies and programs for the elderly Developmentally Disabled. This project is co-sponsored with the Administration for Developmental Disabilities.
90A1657 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC DEVELOPING A NATIONAL DATA BASE AND SAMPLING SYSTEM AND IMPLEMENTING UNIFORM DESCRIPTIONS OF SERVICES Dan Quirk (202) 484-7182	09/29/78 07/14/86	$278,000	$499,574	$200,000	The project goal is to develop a nationwide aging services information system on structural and staffing characteristics of State and area agencies, services and their management and costs, and client needs. This will include: (1) the expansion of the use of the taxonomy to other states, (2) expansion of access to the data base and increase in availability of data, (3) insuring interface and coordination with other HDS supported systems, and (4) developing a membership fee and cost sharing structure to render the data base self-supporting.
90AM0083 ASOCIACION NACIONAL PRO PERSONAS MAYORES, LOS ANGELES, CALIFORNIA PROJECT RESPETO Carmela Lacayo (213) 487-1922	09/30/84- 10/29/85		$150,000**		Project Respeto's purpose is to strengthen the family's role as caregiver to impaired, low-income older persons (particulary Hispanics), to increase these elders' access to needed services, and to promote intergenerational linkages and voluntarism among Hispanic youth and elderly. To fulfill these goals, the project will establish church-based volunteer networks of Hispanic youth and elderly in Los Angeles and San Antonio to furnish bilingual support services to impaired low-income elders.

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90AJ1017 COUNCIL OF STATE PLANNING AGENCIES, WASHINGTON, D.C. STATE LEADERSHIP FOR OLDER WORKER EMPLOYMENT Gloria Whitman (202) 624-5386	07/15/84- 01/31/86		$165,768**	$35,600 (ACYF) $34,193	The project addresses the national need for state economic development strategies which stimulate and facilitate local action to increase older worker employment. CSPA proposes a cooperative effort with five states to yield three powerful motivators to national action.
90AJ1021 NATIONAL COUNCIL OF NEGRO WOMEN, ALEXANDRIA, VIRGINIA HEALTH PROTECTION PROJECT FOR BLACK AMERICANS Clifford Richmond (703) 684-5733	08/09/84- 12/31/85		$125,000** $53,532 (OPD)		This project will develop and implement a community-based health promotion program to encourage elderly and other Black Americans to adopt specific risk reduction behaviors—e.g. not smoking, regular exercise, better dietary habits. There are two major components: community training workshops to be conducted in Washington, D.C. and Atlanta, Georgia, and community awareness campaigns featuring media promotional activities or prominent Black personalities and authorities.
90AJ1022 UNIVERSITY OF MISSOURI, KANSAS CITY, MISSOURI EXPANDING SUPPORT NETWORKS OF ELDERLY DD PERSONS Carl Calkins (816) 474-7770	09/30/84- 02/28/86		$45,878** $45,877 (ADD)		The project goals are to help avoid placement of elderly developmentally disabled into institutional settings; to increase their life satisfaction and to enhance their community integration. Sample population will be provided with (1) tailored case management services, (2) life planning to prepare for future needs, (3) linkages with non developmentally disabled volunteers and (4) opportunities to become involved with programs serving generic elderly population. Administration for Developmental Disabilities is a co-sponsor.

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90AJ1025 NATIONAL INDIAN COUNCIL ON AGING ALBUQUERQUE, NEW MEXICO RESEARCH PROJECT TO DERIVE AND DISSEMINATE INFORMATION ON HEALTH, HOUSING AND SAFETY OF ELDERLY INDIANS Curtis Cook (505) 242-9505	09/30/84- 06/28/86		$49,900** $50,000 (HDS)	$175,000	Purpose of this project is to address the health, safety and housing needs of Elderly Indians on several reservations; to establish field representatives of NICOA in selected States, to develop a Best Practice Manual for providing services to Indians and to mobilize 3 of the existing State Indian Councils on Aging.
90AJ1026 PHOENIX SYSTEMS SIOUX FALLS, SOUTH DAKOTA BUY NATIVE AMERICAN Richard Ambrosius (605) 339-3221	07/01/85- 06/30/86			$51,000 (AoA) $49,000 (ANA)	This is an entrepreneurial approach to public/private collaboration to assist NICOA and other Native Americans through direct marketing and distribution of art and crafts projects. Project will identify older Native American artisans, establish a central distribution system, develop direct marketing materials and create marketing plans for on-going operations. Income and job opportunities will be created. A step-by-step strategy and sample forms and procedures will be available for replication. A direct marketing catalogue will be developed and distributed to a minimum of 100,000 consumers.
90AJ2004 EAST ARKANSAS AREA AGENCY ON AGING JONESBORO, ARKANSAS LIFE CARE PLANNING FOR RURAL ELDERLY PARENTS OF DD CHILDREN Sandy Auburn (501) 972-5980	06/28/85- 06/27/88			$43,000 $42,000 (ADD)	Grantee will develop and implement life care planning options for parents aged 60 and older with adult developmentally disabled dependents. Options will be developed based on materials and services provided by a volunteer financial and legal group, and investigations of intergenerational living arrangements. The aging and DD Networks will receive training.

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90AJ2002 RYDEN DRIVING INSTITUTE LANHAM, MARYLAND ELDERLY DRIVE DRIVER RETRAINING AND CERTIFICATION PROGRAM John C. Ryden (301) 459-9626	06/01/85- 11/01/85			$15,394 $10,262 (OPD/HDS)	The project will document and review the adequacy of existing training and recertification programs for elderly drivers. Specifications will be developed for a driver education program which will result in older drivers being certified for longer periods.
90AM0090 NATIONAL CAUCUS AND CENTER ON BLACK AGED, WASHINGTON, D. C. CONGREGATE HOUSING MANAGER TRAINING Sam Simmons (202) 637-8400	09/30/84- 01/29/86		$149,998**	$50,000	The purpose of this project is to implement a housing management training and job placement system for at least 150 non-managerial Black older workers and senior citizen retirees to increase their economic self-sufficiency. COnducted via a combination of classroom and on-the-job guided work experiences, it incorporates the strong voluntary participation of public and private sector housing agencies as well as the National Council on Aging.
90AM0098 NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC., WASH., D.C. ACCESSORY APARTMENTS AND SHARED HOUSING Sam Simmons (202) 637-8400	09/30/84- 03/31/86		$124,956**		This project will demonstrate how to bring the economic and social advantages of accessory apartments to the Black urban elderly. Objectives include (1) 20 accessory apartments and (2) a national dissemination effort including a "How To" manual.
90AM0065 AMERICAN ASSOCIATION OF RETIRED PERSONS, WASHINGTON, D.C. MODEL VOLUNTEER PROTECTIVE SERVICE PROJECT - PHASE II Wayne Moore (202) 728-4333	09/30/83- 12/31/85		$80,000		This project will continue, improve, and disseminate models for providing volunteers to serve as representative payees for isolated, vulnerable Social Security recipients. The work of these volunteers is designed to prevent the suspension of Social Security checks, elder exploitation and abuse, and premature institutionalization.

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90AM0077 NATIONAL CENTER AND CAUCUS ON BLACK AGED, INC., WASHINGTON, D.C. SUPPORTING UNSUBSIDIZED SERVICES FOR THE ELDERLY Sam Simmons (202) 637-8400	09/30/84-03/31/86		$150,000**		This project will demonstrate innovative uses of the black voluntary network (churches, lodges, professional and fraternal organizations, black colleges and universities) to meet the service needs of black elderly.
90AM0099 NATIONAL COUNCIL ON AGING, WASHINGTON, D.C. WELLNESS YEAR-ROUND: INVOLVING VOLUNTARY ORGANIZATIONS IN HEALTH PROMOTION IN SENIOR GROUP PROGRAM Thomas Beall (202) 479-1200	09/30/84-06/30/86		$136,929**		This project extends the health and health-related initiatives of the program of the National Voluntary Organizations for Independent Living for the Aging. The project will expand the existing resources of the National Council on Aging and 220+ national organization members of NCOA's and consortium (NVOILA). The project will undertakr four principal tasks involving the development of a program guide for establishing a comprehensive health promotion focus in senior groups; settings; a strategy for expanding NVO's awareness; and a "Wellness Year-Round" programming calendar; and a series of health promotion briefs.
90AM0102 COUNTY OF LEHIGH, ALLENTOWN, PENNSYLVANIA UNSUBSIDIZED COMMUNITY SPONSORED MODIFIED LIFE CARE Richard Lane, II (215) 395-3727	09/30/84-12/31/85		$30,000**		The purpose of the project is to demonstrate the feasibility of a modified form of life care for elderly families of moderate income. Local community groups would sponsor "Leasing Cooperatives" which are actually independent associations of non-profit families. It is expected that the Leasing Cooperative would amass a financial benefit-of-scale not available to the individual family member and use the investments to secure a long-term lease or license on a newly constructed or renovated structure which functions as a "group congregate, multifamily" complex.

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90AM0103 CLEARFIELD COUNTY LEAGUE ON SOCIAL SERVICES, CLEARFIELD, PA. ELDER CARE - A FAMILY DAY CARE PROGRAM, COMMUNITY BASED IN HOME FAMILY CARE FOR FRAIL ELDERLY Gloria Silverblatt (814) 765-2613	09/30/84-03/29/86		$31,875**		The project proposes to develop an alternative model of day care services to frail elderly persons who require daily supervision. This service will strengthen their family and community support systems and possibly delay or prevent institutionalization while aiding them to maintain their dignity. The project is based on a family day care concept and is adaptable to both rural and urban locations. Volunteers will be enlisted to enhance the support systems of both clients and caregivers.
90AM0111 UNITED STATES CONFERENCE OF MAYORS, WASHINGTON, DC ALTERNATIVE HOUSING THROUGH REUSE OF EXISTING FACILITIES Larry McNickle (202) 293-7330	12/15/84-03/14/86			$149,889	The project will increase the awareness and capacity of Mayors and local officials to reuse existing buildings as part of a housing strategy to increase options available to older persons. A "how-to" guidebook will be developed and disseminated to Mayors and local officials on the benefits and techniques of this approach. The utility of the guidebook will be demonstrated and documented in three local communities. Three workshops will be conducted on the guidebook.
90AM0112 AMERICAN BAR ASSOCIATION WASHINGTON, D.C. AGING NETWORK - PRIVATE BAR INVOLVEMENT Nancy Coleman (202) 331-2297	06/28/85-06/30/86			$150,000	Project addresses two law-related needs of the aging network: (1) the need for technical assistance in the delivery of legal services to the elderly through private bar involvement; and (2) the need for substantive assistance with two legal issues which affect the ability of older persons to remain in their homes as alternatives to institutionalization—home equity conversion and quality assurance in home care.

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		FY 1983	FY 1984	FY 1985	
90AM0113 NATL SENIOR CITIZENS LAW CTR WASHINGTON, D.C. SUBSTANTIVE LEGAL SUPPORT FOR AND EVALUATION OF ELDERLY LEGAL ASSISTANCE	06/28/85- 06/30/86			$150,000	The provider will provide assistance, including computer assisted legal research on substantive legal issues to the aging network. It will also develop and disseminate evaluation techniques for legal assistance providers. An evaluation manual will be produced and distributed.
90AM0114 FLORIDA INTERNATIONAL UNIV MIAMI, FLORIDA THE POWER OF VOLUNTEERISM Max Rothman (305) 554-2494	06/30/85- 06/29/87			$100,000	This demonstration project will enlist the corporate sector in recruiting employees and retirees as volunteers in social and health agencies serving the chronically impaired elderly. Volunteer efforts will be directed principally at maintaining the quality of life at home for the frail elderly. The project will be targeted at 200 major businesses and 100 community agencies. Several hundred corporate volunteers are expected to provide volunteer service to approximately 500 frail older persons.
90AM0115 OPERATION ABLE CHICAGO, ILLINOIS MAXIMATCH	06/28/85- 11/30/86			$127,945	ABLE will design, test, evaluate and disseminate a standardized manual and computerized job match system for replication by non-profit employment agencies across the country to improve older worker job placement. Eighteen older worker agencies will test MAXIMATCH with at least 3,000 older workers, 11 using the computer version and 7 the manual system.

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90AM0116 HILLHAVEN FOUNDATION MEMPHIS, TENNESSEE STRENGTHENING COMMUNITY SUPPORT FOR ALZHEIMER'S DISEASE VICTIMS AND THEIR FAMILIES Dorothy Broadnax (901) 274-8428	06/28/85- 09/28/86		$60,000		This project will provide both the general public and the health care community up-to-date information and materials on Alzheimer's Disease and techniques for coping with it. Through a series of 30 seminars for health care professionals and 30 public forums in different communities, the project will reach 6-8 thousand persons directly, and through them have a multiplier effect on many thousands more, including both Alzheimer's Disease patients and their families.
90AM0117 UNIVERSITY OF BRIDGEPORT BRIDGEPORT, CONNECTICUT CORPORATE SUPPORT FOR WORKERS WITH FRAIL ELDERLY RELATIVES Michael A. Creedon (203) 576-4358	06/28/85- 11/27/86		$127,427		This project is a joint effort of the Center for the Study of Aging at the University of Bridgeport in cooperation with four corporations to improve options for workers with dependent older relatives. The project involves four phases: 1) obtaining base-line data on present patterns of help-seeking by workers with dependent older relatives; 2) establishment of a formal program of response to be made available to workers; 3) establishment and implementation of mutually agreed upon benefits, including short-term worker support groups; and 4) development of crisis-response consultation services.
90AM0018 UNIVERSITY OF KANSAS LAWRENCE, KANSAS SUPPORT FOR FAMILY CAREGIVERS NATIONAL NEWSLETTER Marilynn Osterkamp (913) 864-4130	06/28/85- 06/27/86		$51,270		Develop newsletter: 6 issues containing information concerning resources and training for primary caregivers. Goal is to develop groups of subscribers to permit newsletter to become self-sustaining at the end of project. Intended audience includes service professionals and organizations and local leaders interested in assisting family caregivers.

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90AM0119 CONNECTICUT DEPT ON AGING HARTFORD, CONNECTICUT A MODEL RESPITE CARE PROGRAM FOR ALZHEIMER'S DISEASE VICTIMS AND THEIR FAMILIES Alice Gilbert (203) 566-7728	06/28/85- 06/28/86			$75,000	This project will develop a model respite care program for Alzheimer's Disease victims and their families. One hundred persons will be recruited and trained in respite care techniques and skills, and then become available for employment by family caregivers. Evaluation and dissemination of the program will be carried out by the Connecticut Department on Aging.
90AM0120 BUREAU OF MAINE'S ELDERLY AUGUSTA, MAINE A RESIDENTIAL RESOURCE CENTER SUPPORTING FORMAL AND INFORMAL CAREGIVERS OF ALZHEIMER'S DISEASE Patricia A. Riley (207) 289-2561	06/28/85- 04/28/87			$212,400	This project will establish a State-wide model resource center for professional and informal caregivers of victims of Alzheimer's Disease and related disorders. The center will include a 20 bed boarding home and an adult day care and respite program for 60 patients whose operation will be funded by the State. AoA will fund the evaluation component as well as the training and technical assistance efforts, which will be available on-site for 500 formal and informal caregivers.
90AM0121 UNIVERSITY OF KANSAS COLLEGE OF HEALTH SCIENCES AND HOSPITAL KANSAS CITY, KANSAS DEVELOPMENT OF ALZHEIMER'S DISEASE SUPPORT GROUPS IN RURAL AREAS Linda J. Redford (913) 588-1210	06/30/85- 06/29/86			$75,309	This project will focus on practical issues related to identifying and assisting cognitively impaired rural elderly and provide indepth training for service providers and family members at 12 sites within HHS Region VII. These trained persons will, in turn, develop rural family support groups and disseminate information on Alzheimer's Disease and related disorders in their geographic areas.

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		FY 1983	FY 1984	FY 1985	
90AM0122 UNIVERSITY OF SOUTH FLORIDA TAMPA, FLORIDA TRAINING AND PLACING IN-HOME RESPITE CARE WORKERS FOR ALZHEIMER'S DISEASE PATIENTS Lillian Middleton (813) 974-3100	06/28/85- 09/28/86			$115,964	This project will demonstrate the feasibility and effectiveness of recruiting, training and placing respite care workers with families of Alzheimer's patients, and prepare and distribute to the aging network practical training materials for establishing similar programs throughout the nation. This project will seek to ease caregiver burden, delay institutional placement, and reduce cost, both public and private, for long-term care services.
90AM0123 HONOLULU MEDICAL GROUP RESEARCH AND EDUCATION FOUNDATION HONOLULU, HAWAII A MODEL SUPPORT GROUP FOR FAMILY CAREGIVERS FOR ELDERLY Oscar Kurren, Ph.D. (808) 537-2211	06/28/85- 06/27/86			$75,000	Demonstrate service model utilizing volunteer retired professionals based in a medical group setting to provide support services to primary caregivers for frail elderly. Disseminate information on the process of recruiting, selecting, training, and utilizing volunteer retired professionals as Senior Advisors to primary caregivers through a training workshop with representatives of medical groups. A training manual coordinated with videotapes will be disseminated.
90AM0124 WEST VIRGINIA UNIVERSITY MORGANTOWN, WEST VIRGINIA PRIMARY CAREGIVING TO RURAL ELDERLY PERSONS WITH ALZHEIMER'S DISEASE Lucille Nahemow (304) 293-2081	06/28/85- 06/28/86			$47,846	This project will improve the ability of primary caregivers to support relatives with Alzheimer's Disease and other related disorders. Issues of particular concern to rural caregivers and families will be addressed. Intervention strategies will be evaluated and their usefulness in dealing with individual patient needs at various stages will be determined. The results will increase knowledge about caring for Alzheimer's patients in rural areas. Findings will be disseminated to other rural areas of the country.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	 FY 1984	 FY 1985	ABSTRACT
90AM0125 NATL ASSOCIATION OF AREA AGENCIES ON AGING - WASHINGTON, D.C. STRENGTHENING COLLABORATION BETWEEN THE AGING NETWORK AND THE MINORITY COMMUNITY EMPHASIZING HBCUs Glendale Wiggins (202) 484-7520	06/28/85- 09/27/86			$125,965	The project goal is to assist SAUs and AAAs and HBCUs to expand their capacity to implement effective strategies in planning and enhancing service delivery to the elderly. Project is a joint effort of NAAAA, NASUA and AGHD/HBCU. Major products will include a training institute for HBCUs; a policy guide; and increased opportunities for employment of minorities in the aging network.
90AM0126 AMERICAN ASSOCIATION OF RETIRED PERSONS - WASHINGTON, D.C. NATIONAL LEGAL ASSISTANCE SUPPORT SYSTEM TO STATE AAA's Wayne Moore (202) 728-4561	06/28/85- 06/30/86			$150,000	Project will train 1000 lawyers, paralegals and others involved in legal assistance in 20 States in substantive elderly law and advocacy skills; develop two community education slide/cassette programs to educate older people nationally; recruit and train AARP volunteers to provide service to the elderly; disseminate legal information to legal and aging networks.
90AM0127 COMMUNITY SERVICE SOCIETY OF NEW YORK - NEW YORK CITY, NEW YORK PUBLIC/PRIVATE PARTNERSHIP TO STIMULATE LTC INSURANCE Michael Clark (212) 254-8900	06/28/85- 06/27/87			$83,028	The project will address the national problem of a virtual lack of private resources, such as employee health insurance, to provide long-term health care for the elderly. It will build upon interest in New York City in long term care finance among employers, insurors, public officials and service programs and will be linked to related efforts by the Health Policy Center of Brandeis University.

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90AM0128 HUNTER COLLEGE NEW YORK, NEW YORK FAMILY CAREGIVERS OF ELDERLY: AV RESOURCES Anna Zimmer, M.S.W. (212) 481-4426	06/28/85- 11/30/86			$194,801	Production of 4 video (30 min.) programs with study guides to be used as resources in starting and maintaining support groups for caregivers of impaired elderly. Content to be covered by video tapes includes starting a group; coping, alternative placement options; and legal and financial planning for incapacity.
90AM0129 FAMILY SERVICE AMERICA NEW YORK, NEW YORK SELF-HELP GROUPS FOR CAREGIVING FAMILIES OF ELDERLY Dr. Robert Rice (212) 674-6100	06/28/85- 06/27/86			$74,975	Develop 3 Regional Training Seminars to provide technical assistance to agencies interested in sponsoring or assisting self-help groups for caregiving families of the elderly. Develop and disseminate HANDBOOK: EFFECTIVE AGENCY COLLABORATION WITH SELF-HELP GROUPS FOR FAMILY CARETAKERS OF THE ELDERLY (a self-study curriculum for professionals).
90AM0130 UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CALIFORNIA TELEPHONE NETWORKS FOR ALZHEIMER'S CAREGIVERS Jon Pynoos (213) 743-5981	06/28/85- 12/31/87			$115,994	This project will develop, pilot, and test telephone support networks for the caregivers of victims of Alzheimer's Disease. This instructional program is designed for caregivers who cannot attend weekly group meetings, who are geographically dispersed, or who are resista n to traditional forms of psychological help. Tests of effectiveness are increased social supports, caregiver and communications skills, accompanied by decreased burden, depression, and anxiety.

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90AM0132 ASOCIACION NACIONAL PRO PERSONAS MAYORES - LOS ANGELES, CALIFORNIA CAPACITY BUILDING FOR MINORITY SERVICE PROVIDERS IN AGING Carmela Lacayo (213) 487-1922	09/23/85- 09/27/86			$100,000	The project goal is to increase minority elderly participation in OHDS aging services by increasing minority firms' ability to obtain and administer aging services contracts; to help the Aging Network (State and Area Agencies on Aging) to enhance abilities of minority contractors; and to increase corporate sector participation in improving services to the elderly. Outcomes will include written training modules; a resource list of corporate volunteers for aging services management; and a cadre of trained minority firms that can successfully compete to obtain aging services contracts.
90AM0131 MT. ZION HOSP. & MEDICAL CENTER SAN FRANCISCO, CALIFORNIA ELDER ABUSE PREVENTION MODEL Dorothy Chevalier (415) 885-7590	06/28/85- 11/30/86			$102,840	Replicate San Francisco elder abuse prevention consortium services model by developing and implementing model at 4 new sites nationally. Model provides legal, medical, counseling, case management and protective services to abuse victims; employ inter-agency cooperation in designing treatment plans, providing services, and identifying service delivery obstacles. Effect knowledge transfer by development and dissemination of site development manual.

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90AM0134 HOLYOKE CHICOPEE REGIONAL SENIOR SERVICES CORP. HOLYOKE, MASSACHUSETTS COOPERATIVE HOME CARE Priscilla Chalmers (413) 538-9020	06/28/85- 06/27/87			$35,455	The Cooperative Home Care Program will provide a coordinated single entry system of health and social service delivery to needy elders. Utilizing all third party payment sources and participant resources, the program strives to maintain elder independency by providing a myriad of options to institutional care.
90AM0135 COLORADO ASSOCIATION OF HOMES AND SERVICES FOR THE AGING DENVER, COLORADO HOUSING OPTIONS FOR ELDERLY Mary M. Reilly (303) 759-8909	06/28/85- 11/27/86			$158,250	Project will create a comprehensive Statewide program of elderly housing counseling, information/referral, and community education. Project will extend an existing program to five new sites creating a network of housing experts.
90AM0136 NATIONAL FIRE PROTECTION ASSN QUINCY, MASSACHUSETTS TRANSFERRING FIRE SAFETY KNOWLEDGE TO THE ELDERLY A.R. O'Neill (617) 770-3000	06/28/85- 11/27/86			$126,579	The project will disseminate fire safety knowledge through a series of 15 "train the trainer" workshops attended by an estimated 750 participants. One workshop will be held in each Federal region; 5 others in areas of high elderly concentration.
90AM0133 THE CENTER FOR SOCIAL GERONTOLOGY ANN ARBOR, MICHIGAN TARGETED DEVELOPMENT AND DISSEMINATION OF TOOLS TO IMPROVE LEGAL SERVICES FOR OLDER PERSONS Penelope Hommel (313) 764-3493	06/28/85- 11/30/86			$156,939	The project will assist legal services developers by preparing and providing them (1) guides for evaluating quality and impact of legal services for older persons; (2) a variety of substantive education and training materials for use with private and publicly-funded legal service providers. Also, the project will help older persons by improving the quality of work by attorneys and paralegals who represent them, and by increasing the number of private attorneys trained and willing to handle their legal problems.

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90AM0137 UNITED WAY OF DAYTON, AAA DAYTON, OHIO PROJECT OLD FRIENDS Jean Farkas (513) 225-3027	06/28/85- 06/27/86			$80,350	The project will implement "Old Friends," which is a weekly television series of 26 segments airing twice on each of Ohio's eight public broadcasting affiliates. The programs will provide information on housing options and services to Ohio's older adults.
90AM0138 FLORIDA A&M UNIVERSITY TALLAHASSEE, FLORIDA ACCESSING MINORITY PARTICIPATION Victoria E. Warner (904) 599-3456	06/28/85- 06/28/86			$18,271	Support is being sought for the refinement of a workshop presentation and the development of written training materials on "Accessing Minority Participation in Services to the Elderly." The products will consist of a promotional poster and training cassette tapes. Revised workshop designs will be presented at State, regional and national training conferences.
90AM0139 FLORIDA DEPT OF HEALTH AND REHAB SERVICES TALLAHASSEE, FLORIDA STATE-VETERANS ADMINISTRATION LONG TERM CARE FOR FRAIL ELDERLY June L. Noel (904) 488-8922	06/28/85- 06/27/88			$104,017	This project will demonstrate interagency cooperation between the Department of Health and Rehabilitation Services and the Veterans Administration. The result will be a service delivery model combining services offered by the State with services offered by the Veterans Administration. The bartering aspect of this project should be of particular interest across the nation, with potential for becoming a standard for other State/Federal agencies. A complete evaluation will be provided utilizing funds from the Robert Wood Johnson Foundation, Inc., and the Veterans Administration.

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90AM0140 WEST CENTRAL FLORIDA AREA AGENCY ON AGING TAMPA, FLORIDA SELECT-A-HOME Donna I. Doolittle (813) 933-5945	06/28/85- 11/27/86			$100,000	The project will develop a centralized source of housing information and provide para-professional counseling to seniors on housing options. The project will develop a data bank of information on local housing options; recruit, train and develop an intergenerational corps of volunteers to cover a toll free telephone line with access to the data bank; and provide personal assistance on housing at 20 senior centers or local points.
90AM0141 HOUSING BUREAU FOR SENIORS, INC. ANN ARBOR, MICHIGAN HOUSING OPTIONS FOR SENIORS Carolyn J. Hastings (313) 763-0970	06/28/85- 11/27/86			$67,190	The project will demonstrate a variety of innovative ways to provide information about housing options to a large number of older adults in Washtenaw County, their family members and others who assist in the decision making process. Information will be made available through newspapers, radio, newsletters, slide shows, workshops and regular visits to senior sites.
90AM0142 INTERCHURCH MINISTRIES OF NEBRASKA LINCOLN, NEBRASKA ELDERLY HOUSING OPTIONS PROJECT Mel Luetchens (402) 476-3391	06/28/85- 11/27/86			$32,900	Project will develop training materials and hold workshops for clergy and lay leaders to assist the elderly in deciding on housing options. Technical assistance will be provided to churches and ecumenical groups seeking to develop alternative housing options.
90AM0143 DELAWARE DEPT OF HEALTH AND SOCIAL SERVICES DIVISION ON AGING NEW CASTLE, DELAWARE STATEWIDE COMPREHENSIVE HOUSING COUNSELING Eleanor Cain (302) 421-6791	06/28/85- 06/27/86			$75,765	Project will develop a program to train housing counseling specialists, including volunteer peer counselors; establish a Statewide housing resource and information center; implement a Statewide matched housing program; and research need for and implement additional alternatives within housing continuum.

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90AM0144 NEW YORK CITY DEPT FOR THE AGING NEW YORK, NEW YORK ALZHEIMER'S LEGAL SUPPORT PROJECT Janet Sainer (212) 577-0829	06/28/85- 06/28/87			$100,000	This project will demonstrate an innovative replicable model for expanding the Aging Network's capacity to assist caregivers of Alzheimer's Disease patients to deal with legal problems stemming from the patient's progressive impairment. There are 4 components: 1) training of law students, lawyers, and Department staff; 2) provision of legal information; 3) increasing caregiver awareness of long-range legal/financial concerns; 4) improve the ability of AAAs to assist Alzheimer's patients and caregivers.
90AM0145 COUNCIL OF STATE HOUSING AGENCIES WASHINGTON, D.C. ENHANCE COLLABORATION OF STATE HOUSING AND AGING NETWORKS Carl W. Riedy, Jr. (202) 624-7710	06/28/85- 09/27/86			$184,950	The project will facilitate knowledge transfer on ways to integrate housing and social services. It will identify information needs of State policy makers and conduct a literature review, develop a "state-of-the-art" on housing for the elderly, draft and field test a technical assistance document and disseminate the knowledge through showcase seminars.
90AM0146 OLDER AMERICANS CONSUMER COOPERATIVE WASHINGTON, D.C. INDEPENDENT LIVING PROGRAM James Firman (202) 393-6222	06/28/85- 06/27/88			$134,827	The project will develop and demonstrate an innovative life services planning program to help "at risk" older persons to avoid unnecessary institutionalization. Services will include financial planning, home equity conversion, group purchasing, consumer information, professional counseling and volunteer peer advocacy.

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90AM0147 CORNELL UNIVERSITY ITHACA, NEW YORK INTEGRATED HOUSING OPTIONS EDUCATION CAMPAIGN Patricia B. Pollak (607) 256-3171	09/30/85- 02/28/87			$200,000	Project will implement a model housing options education campaign. Volunteer housing counselors from the private sector will be trained and audio, visual and print materials will be developed. County based cooperative extension associations and offices for the aging will sponsor consumer oriented housing options education programs in 12 counties across the State.
90AM0148 UNIVERSITY OF BRIDGEPORT BRIDGEPORT, CONNECTICUT HOUSING OPTIONS FOR THE ELDERLY: A DISSEMINATION PROJECT Donna L. Wagner (203) 576-4358	06/28/85- 11/27/86			$139,188	The project will develop a series of radio and television spots designed to educate the general public about the options which exist and issues involved in assisting the older adult in relocation activities. The spots will be aired in a Statewide campaign. Evaluation of the impact of the campaign will be conducted using the Statewide information and referral system, INFO-LINE.
90AM0149 NEW ENGLAND NON-PROFIT HOUSING DEVELOPMENT CORP. MANCHESTER, NEW HAMPSHIRE DISTRIBUTION OF INFORMATION ABOUT HOUSING OPTIONS Beth Hughes (603) 627-2383	06/28/85- 11/27/86			$74,800	Project will develop a public awareness campaign to reach all the citizens of New Hampshire on housing options for the elderly. Information will be distributed via public service announcements on radio and TV, restaurant placemats, meals on wh eels, blizzard bags, slide-audio shows at libraries. These activities will be coordinated through a centralized information and referral service.

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90AM0150 AMERICAN ASSN OF RETIRED PERSONS WASHINGTON, D.C. CONSUMER HOUSING INFORMATION SERVICE FOR SENIORS	06/28/85- 08/27/86			$116,595	Project will establish a Consumer Housing Information Service for Seniors (CHISS) in four States. CHISS is a community-based voluntary program which provides information to older persons about housing and housing-related finance options including home equity conversion. Various materials will be developed to assist in replicating the project in other States.
90AM0151 NATL ASSN OF STATE UNITS ON AGING WASHINGTON, D.C. EFFECTIVE UTILIZATION OF CORPORATION HUMAN RESOURCES IN STATE SOCIAL SERVICES SYSTEMS Sara Aravanis (202) 484-7182	06/28/85- 01/31/87			$153,808	This project will demonstrate methods of combining various types of corporate human resource programs and applying them to the needs for managerial and entrepreneurial expertise at different levels of the State aging services system. The results of the implementation of these collaborative SUA/corporation efforts will be assessed, documented, and broadly disseminated to the human service and business sectors. This project will also develop and conduct a conference on Older Workers and the Job Training Partnership Act.
90AM0152 HUNTINGTON MEMORIAL HOSPITAL PASADENA, CALIFORNIA DEVELOP AND TEST A LIFE SERVICES PLANNING MODEL Monika White, Ph.D. (818) 356-3110	06/28/85- 06/27/87			$127,858	Grantee will develop a project that will help persons 1) anticipate situations that could result in loss of independence; and 2) take steps to preserve independence in the event those situations should occur. The focus of this model will be on the role of the individual, and private sector legal and financial resources in preventing unnecessary loss of independency.

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90AM0153 CENTER FOR PUBLIC INTEREST LOS ANGELES, CALIFORNIA GUARDIANSHIP-CONSERVATORSHIP AND INSTITUTIONALIZATION DIVISION Albert Buford (213) 464-0357	06/26/85- 06/27/88			$200,000	Project will design and pilot a guardianship diversion program to serve frail elderly. It will offer an alternative to the present system in which problem clients or clients in need of sustained protective involvement are institutionalized or placed under court public or private guardianship.
90AM0154 LaCLINICA FAMILIAR del BARRIO LOS ANGELES, CALIFORNIA THE LINKAGES PROGRAM Castulo De LaRocha (213) 728-0156	06/28/85- 06/27/88			$175,000	The project will organize and strengthen community-based care for the frail and "at risk" elderly in order to reduce reliance on formal, government funded services for activities of daily living. Project will assist community organizations in development of volunteer programs and fund raising; develop life service plans for 70 clients; involve families, neighbors and graduate students in training program.
90AM0155 UNIVERSITY OF MASS. MEDICAL CTR WORCESTER, MASSACHUSETTS PROJECT IDEA: INFORMATION DISSEMINATION ABOUT ELDERLY ABUSE Rosalie Wolf, Ph.D. (617) 856-3084	06/28/85- 11/30/87			$238,000	The project purpose is to transfer knowledge about elder abuse nationwide to service planners, administrators, practitioners; educators; and researchers. Through a national survey, materials will be collected; training and service needs identified; and major actions taken by States identified. Major outcomes are a SPECIAL COLLECTION ON ELDERLY ABUSE, available to the public; a quarterly newsletter, ELDER ABUSE; and 3 videotapes (15 minutes) on elder abuse with training guidelines. The project also will conduct a National Knowledge Transfer on Elder Abuse.

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90AM0157 SPECIAL SERVICES FOR GROUPS - N/PARCA LOS ANGELES, CALIFORNIA RESPONDING TO DIVERSITY Louise Kamikawa (202) 393-7838	09/30/85- 09/29/86			$156,613	Purpose of the project is to develop strategies and mechanisms to provide greater access to service programs by older Pacific/Asians. Expected outcomes include: 1) training packets for the Aging Network and service providers; 2) production of technical assistance tools; 3) development of ethnic relevant program components for the Network; and 4) effective outreach mechanisms development packaged for use by the Network.
90AM0158 NATIONAL ASSOCIATION OF AAA WASHINGTON, D.C. ADULT DAY HEALTH SERVICES AS AN EMPLOYEE BENEFIT Raymond C. Mastalish (202) 484-7520	08/01/85- 07/31/87			$122,680	This project aims to expand the supports available to workers who are caring for their dependent elderly family members. If workers reduce their level of participation in elder care, the resultant costs could become unmanageable. Because workers can ill afford to abandon either their work or their elders, it is important to demonstrate the feasibility and cost effectiveness of offering employee benefits that support workers who are the primary caregivers for dependent elderly family members. To this end, NAAAA, Wang Laboratories and Elder Services of Merrimack Valley will demonstrate the viability of offering adult day care as an employee benefit, and will aggressively promote this strategy to employers nationwide.

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90AM0159 DEPARTMENT OF COMMUNITY AFFAIRS TALLAHASSEE, FLORIDA COLLABORATIVE ELDERLY HOUSING INITIATIVE Richard Barrett (904) 488-7541	08/01/85- 10/31/86			$102,773	The project will encourage collaborative efforts between local and State governments, local housing authorities, architects, financial institutions, private developers and consumers resulting in an expansion of appropriate elderly housing. The project will evaluate impediments to collaborative planning and develop six model action packages that show practical collaborative approaches to elderly living. Three hundred persons will be trained in local seminars.
90AM0160 THE NATL CAUCUS/CENTER ON BLACK AGED, INC. WASHINGTON, D.C. A STUDY OF JOB PLACEMENT SYSTEMS FOR THE ELDERLY Brenda Lester (202) 637-8499	08/01/85- 07/31/86			$150,000	The National Caucus/Center for the Black Aged will conduct a project which compares a group of different placement models and their effectiveness and presents successful models for brokering jobs for the elderly. The project will establish a knowledge base and will evaluate methods and outcomes of job development, job placement and job matching systems.
90AM0161 EAST BRONX COUNCIL ON AGING BRONX, NEW YORK COMPREHENSIVE HOUSING OPTIONS AND ENTITLEMENTS Alberta L. Orr (212) 409-0050	09/15/85- 02/14/87			$85,000	Project will develop a comprehensive community-wide housing resource center to provide information, advocacy services, housing entitlements and direct assistance to elderly persons making decisions about housing options. A shared housing program will also be established, including a joint ownership program to match three seniors in three bedroom co-op apartments.

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90AM0162 ADRDA OF EASTERN MASSACHUSETTS BOSTON, MASSACHUSETTS AN ALZHEIMER'S DISEASE PARTNERSHIP FOR COMMUNITY-BASED RESPITE Dr. Joan Hyde (617) 574-9394	09/30/85- 09/29/88			$94,920	This project combines the resources of ADRDA units, Area Agencies on Aging, and service providers in 1) improving the quality of care for Alzheimer's victims and their families; 2) decreasing stress on family caregivers; and 3) increasing cost effectiveness of care in the least restrictive setting. Among the innovative services to be undertaken by these community-based partnerships is a model recruitment and training program for homecare respite workers.
90AM0163 TRI-CITY COMMUNITY MENTAL HEALTH CENTER EAST CHICAGO, INDIANA CHURCH-BASED COUNSELING SERVICES FOR ALZHEIMER'S VICTIMS Ms. Tobi Ehrenpreis (219) 398-7050	09/30/85- 02/28/87			$30,000	This project is designed to provide church-based counseling and advocacy services to older persons with Alzheimer's Disease and related disorders and their families. Services will be delivered by volunteers, clergy, and mental health professionals. An innovative model will be established for church/community mental health center collaboration to serve Alzheimer's victims and their families.
90AM0165 NATL HISPANIC COUNCIL ON AGING WASHINGTON, D.C. ADDRESSING LONG TERM CARE NEEDS OF HISPANIC ELDERLY IN SELECTED STATES	09/30/85- 02/28/87			$175,000	The purpose of this project is to identify long term care needs of Hispanic elderly in selected States with high concentrations of Hispanic elderly. Products will include recommendations for each State and a model of long term care appropriate to the needs of Hispanic elderly.
90AM0166 WOODY CLARK PRODUCTIONS SAN FRANCISCO, CALIFORNIA WORKING LATE Al Brito (415) 777-1668	09/30/85- 03/31/86			$99,087	A half hour film will be produced designed to convince employers, to hire, train, and retain older workers. This will be a documentary suitable for viewing by a nationwide audience.

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90AM0167 NATIONAL ASSOCIATION OF AAA WASHINGTON, D.C. OLDER AMERICANS ACT ANNIVERSARY INITIATIVE Ray Mastalish (202) 484-7520	09/30/85- 03/31/86			$51,723	The purpose of this project is to enhance the visibility and increase knowledge of the Older Americans Act Network among service systems/Networks allied to the field of aging by producing and disseminating informational brochures and press packets. Products will be designed for use at the national, State and local levels.
90AM0164 ELVIRITA LEWIS FOUNDATION PALM SPRINGS, CALIFORNIA PUBLIC/PRIVATE NATIONAL INTERGENERATIONAL INITIATIVE Steven BVrummel (619) 397-4552	09/30/85- 09/29/87			$175,000	The project is a partnership between AoA, the Elvirita Lewis Foundation and a number of other foundations to develop intergenerational projects that primarily serve low income persons. Projects will include areas such as education, recreation, the arts, humanities and social services. In the second year the project will focus on retraining older persons, particularly low income older persons, for new occupations to help them supplement their incomes.
90AR0058 UTICA COLLEGE, UTICA, NEW YORK EVALUATION OF A MEDICAL COMPLIANCE SYSTEM FOR THE ELDERLY Ronald Lucchino (315) 792-3253	09/01/84- 11/30/85		$37,233**		This project will evaluate a system designed to increase understanding among the elderly of the importance of medication compliance. The system has been developed and piloted in Oneida County, New York through the cooperation of the Utica College Institute of Gerontology, the county AAA, and local pharmacists and doctors. The evaluation will determine whether it does increase medication compliance and reduce health costs, using three measurable dependent variables: the attitudes of the elderly taking medication, the degree of compliance, and the savings in health costs, if any.

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90AR0062 COMMUNITY HEALTH NURSING SERVICE (CHNS) COLUMBUS, OHIO IMPROVED MEAL DELIVERY SYSTEM Mary Pat Howley (614) 294-2591	06/01/85- 10/31/86			$163,360	The purpose of this project is to develop and demonstrate Automobile Transportable Meal-Heating Equipment compatible with present delivery systems of the Meal-On-Wheels program for the home-based frail elderly. Prototype equipment will be designed and developed by the Columbus Laboratories of Battelle Memorial Institute. The equipment will be field tested by CHNS in Franklin County Ohio, which includes both urban and rural areas. A national survey will be conducted to determine potential use and level of acceptable cost.
90AR0063 UNIVERSITY OF CHICAGO CHICAGO, ILLINOIS ANALYSIS OF BEHAVIORAL PROGRAMMING FOR ALZHEIMER'S AND OTHER DEMENTIA CLIENTS Elsie M. Pinkston (312) 962-1176	06/28/85- 06/28/87			$131,339	This project will evaluate the use of behavioral procedures in combination with family and day care center interventions in preventing institutional placement of Alzheimer's and other dementia clients. The project will be conducted in 2 or more day centers with 30 clients, 30 families, and 15 staff over a 2 year period with follow-up every 6 months. Benefits should include a decrease in early admission to nursing homes, respite for family caretakers, and evidence on the costs and feasibility of this cooperative, nonresidential care program.
90AR0064 UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CALIFORNIA ESTABLISHING A BASELINE PROFILE OF PUBLIC KNOWLEDGE AND PERCEPTIONS RE ALZHEIMER'S DISEASE Neil Cutler (213) 743-6794	06/28/85- 06/28/86			$68,846	This project will develop a baseline profile of public knowledge and perceptions concerning Alzheimer's Disease. A national survey will determine the nature and extent of misperceptions and misinformation about the Alzheimer's Disease and suggest specific educational and media efforts to redress the problem. This baseline national profile should lead, as well, to more systematic analysis of public knowledge and attitudes regarding Alzheimer's Disease.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90AR0065 LINCOLN UNIVERSITY JEFFERSON CITY, MISSOURI BASELINE INFORMATION ON RURAL BLACK ELDERLY Arnold Parks (314) 636-5961	08/01/85- 01/01/87			$110,000	This research study will interview and gather data on 300 rural Black elderly persons living in three southern States - Arkansas, Mississippi and Tennessee. Through these interviews, this study will consider the socio-cultural life factors impacting upon the southern rural Black population in the areas of housing, health and employment.
90AR0066 NATIONAL ASSOCIATION OF STATE UNITS ON AGING WASHINGTON, D.C. COMPUTER APPLICATIONS FOR STATE PROGRAMS ON AGING Rob Ficke (202) 484-7182	07/01/85- 08/01/86			$150,000	The purpose of this project is to demonstrate an on-going, self-sustaining approach for assisting SUA's to locate, adapt and use microcomputer hardware and software applications which support service planning and management in the following five areas: Electronic Mail, Management Indicator Systems, Planning, Fiscal Management and Client Tracking and Case Management Systems. This will be accomplished through surveys of current users, critical review of these applications and transfers of select computer systems at new sites.
90AR0067 KUAKINI MEDICAL CENTER HONOLULU, HAWAII HAWAII LONG TERM CARE INFORMATION MANAGEMENT SYSTEM Cullen T. Hayashida (808) 547-9815	07/01/85- 12/01/86			$135,002	The purpose of this project is to demonstrate the feasibility of implementing an automated management information system, at a hospital-based multi-level long-term care facility by using a minicomputer with its attendent "applications generator" utility program. The project will develop software for integrating health, social service and cost data, increase inter-organizational coordination, and disseminate the results through Robert Wood Johnson Foundation and professional meetings.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AR0068 SAVANT, INC. KENSINGTON, MARYLAND DESIGN OF COMPUTER BASED TOOL TO FORECAST SERVICE NEEDS OF THE ELDERLY Alan F. Ackman (301) 946-6082	07/01/85- 12/01/86			$112,500	The purpose of this project is to develop an inexpensive Micro-computer based tool for profiling the future service needs of the elderly based on the concept of functional impairment. The tool will be used as a prototype computer estimation routine and will be demonstrated by at least two SUA's. The estimation tool will enable users at the State and local level to improve target group definitions, intra-State funding formula, and the specifications for performance contracts.
90AR0070 NATIONAL GEROMETRICS MANHATTAN BEACH, CALIFORNIA MICRO COMPUTER MODELS FOR THE TARGETING OF JTPA OLDER WORKER RESOURCES BY SUA's Neal E. Cutler (213) 374-7544	07/01/85- 07/01/86			$49,275	The purpose of this project is to provide technical assistance to SUA's based on "User friendly" microcomputer-based resource allocation models. These resource allocation models were developed for Title III funds. Starting from these efforts, JTPA - relevant resource allocation models will be developed and technical assistance provided to the States for older workers eligible for JTPA programs.
90AR0071 URBAN INSTITUTE WASHINGTON, D.C. THE ELDERLY IN 2010: HOUSING NEEDS AND OPTIONS Raymond J. Struyk (202) 857-8710	08/01/85- 07/31/88			$109,860	The project will research the housing needs of the elderly to the year 2010 using micro-simulation as a tool to forecast a profile of the elderly with special reference to demographic and economic factors that determine housing needs. Three products will be generated, (a) a household level file of elderly households as of the year 2010; (b) specification of the housing circumstances of the elderly in 2010; and (c) estimation of the probable changes in these outcomes under several different policy scenarios.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AR0072 AMERICAN RED CROSS, NATL HQTRS WASHINGTON, D.C. CHARACTERISTICS/NEEDS OF BLACK CARETAKERS AND THEIR ELDERLY CLIENTS Carole Kauffman (202) 737-8300	09/01/85- 01/31/87			$207,747	This grant seeks to identify ways of strengthening informal caretakers support of the Black elderly in community-based personal-care homes. A study of 8 communities will: document and analyze needs of caretakers; document and analyze demographic and other variables of frail Black elderly in their homes and; identify services of the local Red Cross, the church and other community services to strengthen the caretaker's role. Grant is in cooperation with the Congress of National Black Churches.
90AR0069 ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION WASHINGTON, D.C. ENHANCING THE QUALITY OF GERONTOLOGY INSTRUCTION Elizabeth Douglass (202) 484-7505	07/01/85- 08/31/86			$86,002	The project involves the conduct of a national survey of colleges and universities to determine the extent and consistency of gerontology instruction in American institutions of higher education. The data collected will answer basic questions about the size and orientation of the field as well as allow for an assessment of program consistency.
90DJ0100 UNIVERSITY OF NEBRASKA/CENTER FOR APPLIED URBAN RESEARCH, OMAHA, NB JOB MATCHING AND JOB PLACEMENT SYSTEMS Vincent Webb (402) 554-2764	07/01/85- 11/30/86			$50,000 $50,000 (ADD) $39,913 (OFD/HDS)	The purpose of the project is to 1) create an inventory of the successful job matching and job placement services currently in operation nationally; 2) identify those factors which are critical to success on the job for individuals, employers, and service agencies; and 3) provide a dissemination network for rehabilitation service providers and employers to communicate this information. Efforts of the project will have produced four products: A) marketing and technical assistance publication, B) directory of successful job match programs, C) cassette tape to accompany the directory, D) video tape about each model program. All of which will become a national information service in the form of a computerized data bank.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90NJ0010 DEVILS LAKE SIOUX TRIBE, FORT TOTTEN, NORTH DAKOTA INTERGENERATIONAL PROJECT FOR TROUBLED YOUTH AND TRIBAL ELDERS Laurel Goulding (701) 766-4609	07/01/85- 11/30/86			$48,655 $50,643 (ANA)	The project will do the following: 1) use elders to provide an important care and nurturing role in the therapy and treatment program for troubled teenagers; 2) use elders to teach history, language and cultural values to youth confused about their identity and ambivalent about their "Indian-ness;" and 3) provide an opportunity for troubled youth to participate in a work experience which has an emotional, as well as financial payback. The project will be disseminated nationally.
90NJ0012 GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS, SUTTONS BAY, MI INTERGENERATIONAL PILOT PROGRAMS FOR INDIAN ELDERS/INDIAN CHILDREN Michael N. Connolly (616) 271-3538	07/01/85- 11/30/86			$18,738 $56,219 (ANA)	The purpose of the project is to reduce the incidents of alcohol abuse by Indian youth. This project is to test the effectiveness of using Indian Elders as counselors and significant others in a summer camp alcohol education program. It is expected that after the project, students will have increased awareness of alcohol and its affects and a reduced incidence of alcohol consumption. If this reduction does take place then it will alleviate an immediate problem and may carry forward through adult life. These results will apply to all Indian communities facing alcohol problems.
90OJ1035 AMERICAN BAR ASSOCIATION CHICAGO, ILLINOIS LIFE SERVICE PLANS FOR THE ELDERLY AND DD Nancy Coleman (202) 331-2240	06/28/85- 06/27/87			$40,000 $25,000 (ADD) $75,278 (HDS)	The ABA Commissions on the Mentally Disabled and Legal Problems of the Elderly in conjunction with Legal Services of Northern Virginia will establish a three part-program for the elderly and DD populations: 1) training package that explains the financial, estate planning and alternative supervisory arrangements to support clients in the community; 2) train 20 volunteers; 3) encourage other communities to develop similar programs.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90NJ0011 SISSESTON-WAHPETON SIOUX TRIBE SISSETON, SOUTH DAKOTA SISSETON-WAHPETON ELDERS/YOUTH DEMONSTRATION Russell Hawkins (605) 698-3911	07/01/85- 06/30/86			$25,000 $75,000 (ANA)	This project proposes to demonstrate an intergenerational project involving 18 elders working to modify positively the behavior of 90 troubled youth at 14 project sites in the community; it also hopes to demonstrate the validity of employing/involving elders in health and social-service delivery systems for troubled youth and their dysfunctional families. The project intends to reduce dependency of troubled youth on federally funded services.
90OJ1033 NATIONAL EXECUTIVE SERVICE CORP NEW YORK, NEW YORK RETIRED VOLUNTEER SERVICES BROKERAGE PROJECT John Phillips (212) 867-5010	09/01/85- 01/31/87			$40,000 $60,000 (HDS)	NESC proposes to develop and test a model for brokering the services of retired executives and professionals to help solve human service organizations management problems. It will be developed in conjunction with the Private Sector Resource Center of Brooklyn, New York which will act as the community-based broker. The project will develop and test strategies, procedures and instruments required to establish and operate a brokerage service including a training package to educate retired senior executive volunteers.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90OJ1039 NATIONAL CONGRESS OF AMERICAN INDIANS, WASHINGTON, D.C. INTERGENERATION HEALTH PROMOTION AND EDUCATION PROGRAM	07/01/85- 12/31/86			$30,000	The purpose is to demonstrate a replicable, intergenerational health promotion and education model in which Indian/Alaska Native Elder volunteers provide elementary school students with information on health behavior through the "Sacredness of Life" concept. It will be conducted through Indian elementary schools. Supervised by teachers, the elder volunteers will utilize a learning center and handouts to inform children about their Indian culture, alcohol abuse and healthy behavior through the "Sacredness of Life" concept. The results will be that the children will have a positive image of Indian/Alaska Native elders, an understanding of the negative effects of alcohol abuse and the positive effects of healthy behavior.
90OJ0212 FLORIDA DEPT OF HEALTH & REHAB SERVICES, TALLAHASSEE, FLORIDA MICRO COMPUTER LINKAGES BETWEEN SUA AND AAA's Rob Lombardo (904) 488-6621	07/01/85- 12/31/85			$25,775 $45,000 (HDS)	The purpose of this project is to demonstrate the use of small desk top Micro Computers to maintain and process financial and program information in a network composed of the SUA, two AAA's and contract service providers located in two Florida planning and service areas. The results will be a model which may be used by other SUA and AAA's developing their own Micro Computer Networks.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90OJ1040 DEPARTMENT OF HUMAN RESOURCES, CITY OF SEATTLE, SEATTLE, WASHINGTON COMPUTERIZED CLIENT TRACKING Janet P. Silvey (206) 625-4711	07/01/85- 06/30/86			$10,250 $10,250 (HDS)	The objective of this project is to establish a computerized client tracking/management information system for case management program with frail elderly. The project would adapt and enhance recently developed software technology funded by the Administration on Aging, utilizing computer hardware available at the Division on Aging. The system will record and retrieve data on characteristics of clients; service plans developed; type amount and cost of services used; assistance provided by families/informal caregivers; and case outcome.
90OJ1037 NEBRASKA DEPARTMENT ON AGING LINCOLN, NEBRASKA IN-HOME SERVICES COUPON PROGRAM (402) 471-2307	07/01/85- 09/30/86			$15,100 (AoA) $22,650 (OPD)	This project will develop an in-home service voucher system for some of Nebraska's rural areas. Vouchers will be used to increase handyman/chore assistance available in currently service-poor rural areas. The Area Agency on Aging hopes to increase service availability through direct consumer service procurement; increase service quality through self-selection of providers; decrease social stigma through consumer privacy through the use of vouchers; and improve donation rates and program cash due to system of consumer donations for vouchers.
90OJ1031 INNOVATIVE SOLUTIONS, INC. MARIETTA, GEORGIA USING ROBOT AIDES TO ASSIST THE ELDERLY IN DAILY LIVING AT HOME Dr. Peter Bateman (404) 456-0228	06/31/85- 12/01/85			$19,200	The purpose of this project is to determine whether newly available robot technology can be used to increase the self-sufficiency of elderly individuals living at home. Five to ten HERO I teaching robots will be modified and tested in the home of an elderly person to ascertain its effectiveness in providing simple help with daily tasks. The outcomes will be a set of adapted hardware and software for modifying HERO I into a phaser unit, estimate of production cost and a potential market demand.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90PD0104 FLORIDA DEPT OF HEALTH & REHAB SERVICES, TALLAHASSEE, FLORIDA UNIFIED ADMINISTRATIVE SYSTEM FOR CONTINUING CARE COMMUNITY Margaret L. Duggar (904) 488-8922	05/01/85- 04/30/86			$28,771 (AoA) $32,541 (OPD)	Purpose of this project is to develop urban and rural community care models for the elderly which can be used by private and public agencies nationwide. The project will develop a network including a process for identifying federal, State, local, private and public resources to meet the needs of the elderly in the areas of financial assistance, information and referral, case management, etc. This will assure that, along with the development of physical facilities, service needs will be met as the residents of community care settings age and require additional support.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AL0012 UNIVERSITY OF UTAH, SALT LAKE CITY, UTAH UNIVERSITY OF UTAH LONG TERM CARE GERONTOLOGY CENTER Margaret Dimond (801) 581-8198	05/01/82- 07/31/87		$24,955 $324,576	$449,482	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AL0014 THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, DALLAS, TX UNIVERSITY OF TEXAS LONG TERM CARE GERONTOLOGY CENTER GRANT Laura Wilson (214) 688-2820	10/01/82- 09/30/87	$349.992		$454,875	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AR0053 UNIV OF MINNESOTA CTR FOR HLTH SVS RESEARCH, MINNEAPOLIS, MN ANALYTICAL SYNTHESIS OF LONG TERM CARE: PRACTICAL TOOLS FOR AAAs Rosalie & Robert Kane (612) 376-1895	08/01/84- 04/30/86		$178,915**		This project is designed to synthesize and organize information about long term care issues and programs that significantly affect the chronically impaired older population. It will provide AAAs with a conceptual framework for developing long term care programs as well as practical analyses of issues involved in organizing, financing, and assuring the quality of long term care community services to the elderly.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0100 UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CA. CAREER TRAINING IN EDUCATION AND TRAINING David Peterson (213) 743-5156	10/1/83- 12/31/85	$99,966*			The project provides for the design and implementation of graduate level course work in adult education which integrates preparing both community professionals and students in facilitating learning experinces for older persons. A demonstration education center at two local community colleges will be created. Through this center, learning experiences and field work experiences would be offered to graduate students while older people are learning health promotion and disease prevention knowledge and skills. The results of the project will be a continuing program of graduate instruction, an academic partnership with the Aging Network, and 200 older persons who have learned about protecting their health.
90AT0113 SOUTHSIDE VIRGINIA COMMUNITY COLLEGE, ALBERTA, VIRGINIA MODEL TRAINING PROJECT FOR FAMILY CAREGIVERS Joan Wood (804) 949-7111	09/30/84- 02/28/86		$49,238**		The purpose of this project is to continue development of paraprofessional training for home-care providers of rural minority elderly. Activities include: 1) preparation of short term training for 10 churches and community groups; 2) adaptation of "As Parents Grow Older" (training materials) for rural minority aging, 3) implementation of training in 5 locations with 12 treainees each; 4) evaluation of pilot training and 5) preparation of a training package for dissemination. Student tuition support is included.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0114 PIEDMONT TECHNICAL COLLEGE, ROXBORO, NORTH CAROLINA GERIATRIC CARE SPECIALIST PROGRAM Jean Andrews (919) 599-1181	09/30/84- 01/31/86		$39,096**		The purpose of this project is to develop a 12 month vocational diploma program in geriatric care for paraprofessionals in allied health. Activities include development and implementation of a curriculum and enrollment of 20 students in the Geriatric Care Specialist program. The goal is to graduate and place in employment at least 80% of all enrolled students in domicillary care facilities within a 50 mile radius of the school. No student support is included.
90AT0115 VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY, BLACKSBURG, VA. COORDINATED CAREER PREPARATION TARGETING THE RURAL ELDERLY William McAuley (703) 961-7657	09/30/84- 04/30/86		$97,715**		The purpose of this project is to expand campus-wide short and long term training activities that focus on the lives of the rural elderly. Activities include: 1) development of new courses in family and child development, public administration and housing; 2) field experiences in nutrition and social gerontology, and 3) development of a multi-media training package for volunteer development in human service agencies appropriate for on and off campus audience. No student support is included.
90AT0117 COLUMBIA UNIVERSITY, NEW YORK, NEW YORK CONTINUING MEDICAL EDUCATION IN LONG TERM CARE SERVICES FOR PRIMARY CARE PHYSICIANS Ruth Bennett (212) 781-0600	09/01/84- 01/31/86		$61,873**		The project is to increase the knowledge of primary care physicians regarding community services appropriate to the long term care needs of the frail elderly. Case seminars will be used for physicians collaborating with other medical and nonmedical practitioners to identify the needs of the frail elderly as well as the availability of, and access to, community services to meet those needs. Curriculum materials will include a community-specific directory of programs for the aged.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0118 UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION, LEXINGTON, KENTUCKY OLDER VOLUNTEERS FOR IN-SERVICE GERONTOLOGY TRAINING Don Hendrick (606) 257-6895	09/30/84- 01/31/86		$105,113**		The project is to utilize the volunteer services of retired professionals to link gerontological knowledge with community service agencies. Training materials will be developed in five priority areas. Thirty-six older volunteers will be trained by university faculty to provide 45 workshops to aging practitioners in every PSA in the state. Project should provide a national model to utilize retired professionals as trainers for aging network services and personnel.
90AT0120 COUNCIL ON SOCIAL WORK EDUCATION, WASHINGTON, D.C. CONTINUING EDUCATION FOR GERONTOLOGICAL CAREERS Margaret Gilbelman (202) 667-2300	09/01/84- 08/31/86		$148,305**	$15,000	This project will develop, pilot test and disseminate continuing education programs to prepare social workers and related professionals for careers in aging and enhance the skills of aging network personnel. Then discrete learning modules will be developed and pilot tested in 10 locations. Some 500 instructors will be provided direct training. Curricula, case studies and other training materials will be disseminated to the continuing education network. Technical assistance in the use of these materials will be provided.
90AT0121 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. KNOWLEDGE OF THE OLDER AMERICANS ACT Daniel Quirk (202) 484-7182	09/30/84- 03/31/86		$61,543**	$10,000	The project is to enhance knowledge and understanding of the Older Americans Act. The manual, Orientation to the Older Americans Act, is to be updated and republished to provide an accurate desk reference for professionals. The Manual will serve also as a source of information for the development of reports, Congressional testimony, position papers, and for individualized learning. Three abbreviated versions will be developed, designed to orient geriatric physicians, hospital discharge planners, and nursing home administrators.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0123 CHEROKEE NATION OF OKLAHOMA, TAHLEQUAH, OKLAHOMA NUTRITION EDUCATION INTERVENTION FOR INDIAN DIABETICS Donna Hutten (918) 456-0671	09/30/84- 09/29/86		$32,562**		The purpose of this project is to improve the health of older Indian diabetics through nutrition education. The education provided will help the elderly diabetic to stay in control of his/her blood glucose level by increasing adherence to a culturally and medically acceptable diet and exercise regime.
90AT0125 RESEARCH FOUNDATION/SUNY, OLD WESTBURY, NEW YORK OLD WESTBURY'S GERONTOLOGY TRAINING PROGRAM Harvey Catchen (516) 876-3042	09/03/84- 08/31/86		[illegible].424**		The purpose of this grant is to facilitate the establishment of an undergraduate interdisciplinary gerontology training program for health care professionals and mental health counselors. The program will provide training to current employees of institutions and agencies serving the elderly population of Nassau County and individuals who want to enter the field. Both degree granting and continuing education options will be available to students.
90AT0126 ADELPHI UNIVERSITY, GARDEN CITY, NEW YORK LIBRARY BASED INFORMATION REFERRAL SERVICES TRAINING Risha Levinson (516) 560-8098	09/30/84- 12/31/85		$115,428**		Adelphi University School of Social Work together with the Palmer School of Library Science will implement an interdisciplinary degree gerontological training program in information and referral services. Training of 24 elderly volunteers is a program component. A training manual wil be a project result.
90AT0128 UNIVERSITY OF SOUTHERN MISSISSIPPI, HATTIEBURG, MS A MULTI-DISCIPLINARY LABORATORY APPROACH TO GERONTOLOGY Kermeta Clayton (601) 266-4691	09/30/84- 09/30/86		$122,373**		The purpose of this project is to establish an interdisciplinary gerontology minor at the undergraduate and graduate levels. A day care center for "well elderly" is being established to serve as a practicum laboratory and will provide a model for other postsecondary institutions establishing similar programs. A report describing the model is to be disseminated nationally.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0133 THE NATIONAL CAUCUS & CENTER ON BLACK AGED, INC. , WASH., D.C. MINORITY MANAGEMENT TRAINING AND DEVELOPMENT PROGRAM Samuel Simmons (202) 637-8400	09/30/84- 12/30/85		$200,000**		This project continues to provide management training (12 months) for minority individuals by placing them in participating host agencies within the aging network and private sector agencies. The objective is to increase the number of minorities available for employment in the aging network and promote the placement of minorities as program managers.
90AT0134 AMERICAN SOCIETY ON AGING, SAN FRANCISCO, CALIFORNIA EDUCATION IN AGING FOR SCIENTISTS AND ENGINEERS Martha Holdstein (415) 543-2616	09/30/84- 02/28/86		$120,203**		The purpose of this project is to develop a short term training program for scientists and engineers to stimulate adaptation and application of existing technology to improving the lives of the elderly. It includes the involvement of the American Association for the Advancement of Science, the Human Factors and the Federal Laboratories Consortium in the development and presentation of training seminars which will sensitize participants on aging issues and alert them to areas appropriate for intervention.
90AT0136 UNIVERSITY OF PUERTO RICO, SAN JUAN, PUERTO RICO GERONTOLOGY TRAINING AND PRACTICE CENTER Elizabeth Sanchez (809) 763-2545	09/30/84- 02/28/86		$139,028**		The purpose of this project is to develop a training and practice center that will serve as a teaching laboratory for interdisciplinary health teams that will provide health maintenance service to 350 well elderly; and to establish a Gerontology Training Program Collection to serve as instructional and reference materials in the area of gerontology and geriatrics. Tuition support is not included.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0138 UNIVERSITY OF HAWAII AT MANOA, HONOLULU, HAWAII HEALTH-RELATED GERIATRIC/GERONTOLOGICAL TRAINING IN SOCIAL WORK Daniel Sanders (808) 948-7182	09/01/84- 01/31/86		$117,061**		The purpose of the project is to prepare social work students and professionals in geriatric/gerontological Social work with special emphasis in working with rural and urban multicultural aging populations. Health care issues will be utilized as an organizing theme. A graduate social work curriculum with medical-health components will be developed. Limited student financial support is provided.
90AT0139 UNIVERSITY OF TEXAS, ARLINGTON, TEXAS TRAINING THE HISPANIC ELDERLY Steven Applewhite (817) 273-3407	09/30/84- 09/28/86		$124,810**		This project is to design and implement a model training program for older Hispanics to increase their leadership skills, voluntarism and life-coping resources; and to develop a model for integrating university and aging network resources in the training of future professionals through an internship program (field unit). Stipend support for five students is included.
90AT0142 ASOCIACION NACIONAL PRO PERSONAS MAYORES, LOS ANGELES, CALIFORNIA HISPANIC GERONTOLOGICAL INTERNSHIP PROGRAM Carmela Lacayo (213) 487-1922	10/01/84- 01/31/86		$135,054**		The purpose of this project is to provide a six month management training program for Hispanics by placing them in participating host agencies within the aging network and private sector agencies. The objective is to increase the number of Hispanics available for employment in the field of aging and promote the placement of Hispanics as program managers. Stipend support for eight students is included.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0143 NORTH TEXAS STATE UNIVERSITY, DENTON, TEXAS DEVELOPMENT OF A STANDARDIZED CONTINUING EDUCATION MODEL IN GERONTOLOGY Cora Martin (817) 565-2765	09/30/84- 02/28/86		$58,500**		This project will identify and resolve issues in the implementation of a standardized continuing education certificate to be offered by two and four year colleges and universities with gerontology programs for staff in the aging services system in the state of Texas. This standardization will provide for the trainees a planned course of part-time study and a coherent curriculum that will have credibility with employers.
90AT0144 JEWISH HOSPITAL OF ST. LOUIS -- WASHINGTON U., ST. LOUIS, MO. CREATIVE EDUCATIONAL OPPORTUNITIES FOR OLDER ADULTS Marylen Mann (314) 533-5336	09/01/84- 01/31/86		$120,018**		The project provides educational services to older adults through volunteer training and educational programs in the areas of arts, humanities, and health education. It will train seventy-five volunteers as program presenters, evaluators, and group discussion leaders to assist in classes held at OASIS centers located in Famous-Barr department stages. Curriculum materials will also be developed for use in all OASIS centers.
90AT0145 AMERICAN ASSOC OF COLLEGES OF OSTEOPATHIC MEDICINE, ROCKVILLE, MD COMPETENCIES FOR OSTEOPATHIC MEDICAL STUDENTS IN CARE OF AGING PATIENTS Anthony McNevin (301) 468-0990	09/30/84- 05/30/86		$114,508**		The purpose of this project is to implement a gerontological/geriatric curriculum for osteopathic medical students throughout the nation. Competencies will be identified, tested, modified, and designed for inclusion in the undergraduate curricula of at least 10 of the 15 Colleges of Osteopathic Medicine in the United States. Development and testing of curriculum materials will be performed under contract with the Ohio University College of Osteopathic Medicine.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FY 1985	FY 1985	ABSTRACT
90AT0146 UNIVERSITY OF SOUTH FLORIDA TAMPA, FLORIDA CAREER PREPARATION: CURRICULUM IN MENTAL HEALTH AND AGING FOR SERVICE PROVIDERS Dr. Thomas A. Rich (813) 974-2414	01/01/85 - 08/31/86			$106,577	The project will develop, test and evaluate a multidisciplinary graduate curriculum in mental health and aging. The curriculum will be used to train graduate and post-graduate students. A curriculum guide will be developed and disseminated nationally. The project will produce professionals in multidisciplines competent to develop, organize and deliver mental health services to the elderly.
90AT0147 SAN JOSE STATE UNIVERSITY FOUNDATION, SAN JOSE, CALIFORNIA TRAINING FOR SERVICES TO HISPANIC ELDERLY	02/01/85-07/31/86			$83,464	This proposal is designed to meet the critical bilingual professional shortage in the area of Mental Health and the Hispanic Elderly. Students will be trained in short-term clinical intervention and knowledge and skills of practitioners working with the Hispanic elderly will be upgraded.
90AT0148 GERONTOLOGICAL SOCIETY OF AMERICA WASHINGTON, DC INTERNATIONAL CONGRESS OF GERONTOLOGY Carolyn Schutz (202) 393-1411	04/01/85-12/31/85			$25,000	The project is to provide partial travel support for approximately 60 U.S. speakers/participants to the 1985 International Congress of Gerontology to be held in New York City, July 12-17, 1985. The Congress is to be convened by the International Association of Gerontology.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1985	FY 1985	
90AT0149 NEW MEXICO STATE AGENCY ON AGING SANTA FE, NEW MEXICO AS FAMILIES GROW OLDER Gene Varela (505) 827-7640	08/01/85- 12/31/86			$130,000	Cooperatively, the SUA, the Institute for Gerontological Research and Education, and the Cooperative Extension Service at the University of New Mexico will develop and deliver to 210 service providers and 360 caregivers the training necessary to promote health and well-being among family members. Topics addressed range from communication skills to community resources. A Leader's Guide, "Strengthening Family Health and Well-Being" and a handbook, "As Families Grow Older," will be developed and distributed Statewide.
90AT0150 TRUSTEE OF BOSTON UNIVERSITY BOSTON, MASSACHUSETTS GERONTOLOGICAL TRAINING FOR ALLIED OCCUPATIONS Dr. Elizabeth Markson (617) 238-1004	06/28/85- 11/27/86			$64,033	The project will provide four 2-day workshops on understanding of aging, common myths about the elderly; and age-linked issues, and 2 follow-up workshops on action implementation by participants for 140 business, public service and engineering/technology professionals. Outcomes include the development of model curricula.
90AT0151 UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE AN UNDERGRADUATE, INTERDISCIPLINARY PROGRAM IN GERONTOLOGY J.T. Puglisi, Ph.D. (704) 597-4731	09/01/85- 01/31/87			$64,181	Purpose is to develop faculty expertise and experience in undergraduate teaching and gerontology and to lay the foundation for an interdisciplinary, undergraduate minor in gerontology. Four faculty will develop a sequence of team-taught, interdisciplinary courses in gerontology and five will develop gerontology courses within their own disciplines. Will benefit the local aging services network and serve as a model for similar institutions seeking to establish undergraduate programs in gerontology under conditions of limited resources.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0153 VIRGINIA COMMONWEALTH UNIVERSITY RICHMOND, VIRGINIA A MODEL GERONTOLOGY CAREER DEVELOPMENT PROGRAM FOR INSTITUTIONS OF HIGHER EDUCATION IN RURAL AREAS Iris A. Parham (804) 786-1565	07/01/85- 05/31/87			$98,102	This program is a cooperative effort among six institutions of higher education to develop and coordinate gerontology education in a primarily rural region of Virginia with a high proportion of minorities. The project will result in the expansion of courses and educational opportunities, faculty development, articulation of coursework and transfer of credits between institutions, and preparation of course materials focusing on service to all elderly in Virginia.
90AT0156 UNIVERSITY OF MARYLAND AT BALTIMORE, BALTIMORE, MARYLAND MARYLAND FACULTY DEV & EXCHANGE & CAREER DEV PROGRAM William D. Bechill (301) 528-5114	07/01/85- 12/31/86			$162,976	This project will develop and expand gerontological training at four HBCUs; develop a system of faculty exchange and convene a discussion group to share ideas with the Acting Commissioner on Aging concerning educational processes on Aging. Products expected: skilled faculty in curriculum development, a career counseling program in gerontology and approaches and procedural ideas on the targeting of AoA resources to stimulate the growth of trained manpower in gerontology.
90AT0157 FLORIDA INTERNATIONAL UNIVERSITY MIAMI, FLORIDA CASES IN ELDERLY SERVICES Max B. Rothman (305) 940-5550	07/01/85- 10/30/86			$75,000	This project will develop eight case studies and simulations of problems encountered in the delivery of services to the elderly. Each case study will be translated into a training package that includes a video tape and instructor's guide. Packages will be tested for development of such competences as networking skills, problem resolution, and resource management and service agencies with 400 staff from Area Agencies on Aging near the university.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
90AT0158 WESTERN KENTUCKY UNIVERSITY BOWLING GREEN, KENTUCKY BUILDING A GERONTOLOGICAL TRAINING PROGRAM THROUGH COMPREHENSIVE STAFF DEVELOPMENT Lois E. Layne (502) 745-2698	08/01/85- 11/30/86			$128,412	Purpose is to establish university-wide career preparation program to serve western half of State where no major training provider now exists. Will provide career preparation for 25 professionals in disciplines which contribute to gerontology. Will develop multidisciplinary gerontology program which will enable university to provide training, technical assistance, and service to professional and para-professional service providers, agencies, elderly and their families.
90AT0159 UNIVERSITY OF WISCONSIN-OSHKOSH OSHKOSH, WISCONSIN GERONTOLOGY INSTITUTE FOR RURAL PRACTITIONERS Raymond Leinbach (414) 424-1081	09/01/85- 12/31/86			$99,469	Project will enable University of Wisconsin-Oshkosh to take leadership of higher education in the State to provide gerontology training to aging network. Institute to be developed will provide: graduate certificate to rural trainees; on-campus undergraduate minor; faculty consultation for network agencies; Statewide data centers, Statewide workshops/conferences for personnel and seniors; and annual Summer Institute on Aging.
90AT0160 NEW MEXICO STATE LIBRARY SANTA FE, NEW MEXICO TRAINING PUBLIC LIBRARIANS AND AGENCIES Karen J. Watkins (505) 827-3800	06/28/85- 11/27/86			$38,070	The project will conduct a series of two training workshops at four sites for about 100 public librarians and agencies staff serving older learners. Participants will develop action plans after training. Project also utilizes older volunteers for workshops. A video tape and course syllabus will be produced for ongoing training after project completion.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0161 UNIVERSITY OF ARKANSAS AT LITTLE ROCK, LITTLE ROCK, ARKANSAS LIBRARIANS AND GERONTOLOGISTS Dr. Donald Foos (501) 569-3420	06/28/85- 11/27/86			$75,000	The project proposes to develop a working network between public librarians and gerontologists within Arkansas. Activities include planning and conducting a two-day workshop for 50 librarians, 50 gerontologists and 12 older persons. Project efforts also include producing a comprehensive Bibliographic Resource on Aging and Information Science.
90AT0162 UNIVERSITY OF COLORADO SCHOOL OF DENTISTRY, DENVER, COLORADO ORAL HEALTH GERONTOLOGY FELLOWS PROGRAM Dr. Joseph Holtzman (303) 394-8015	06/28/85- 11/27/86			$77,341	The project will develop a certificate program in Oral Health Gerontology for dentists, dental hygienists, and other health care professionals. Training consists of 10 learning modules. Up to 5 Fellows per year will be recruited from service network for training. After the project period, the Fellows Programs will be incorporated into the regular program of the University of Colorado Health Sciences Center.
90AT0163 AMERICAN BAR ASSOCIATION CHICAGO, ILLINOIS JUDICIAL AWARENESS OF GUARDIANSHIP PROCEEDINGS FOR THE ELDERLY Erica Wood (202) 331-2297	06/28/85- 06/27/86			$50,000	The project will provide a training conference on elderly needs in court for 20 judges and court personnel. A monograph from the training conference with recommended judicial practices will be disseminated throughout the aging and judicial networks. Project also anticipates local implementation plans for changes in local courtrooms.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0164 MIAMI UNIVERSITY - SCRIPPS FOUNDATION, OXFORD, OHIO EXPANDING NETWORK THROUGH MULTI-PROFESSIONAL EDUCATION Dr. Mildred Seltzer (513) 529-2914	09/01/85- 08/31/86			$68,720	The Scripps Foundation Gerontology Center and the Ohio Department of Aging will jointly plan and conduct five workshops for aging personnel and representatives from police, firefighter, and emergency services. Goals are (1) familiarization with range of services available to older people; (2) establishment of informal networks; and (3) provision of accurate gerontological information. The products will be a manual and slide/tape presentation incorporating this replicable model of cooperative educational activities.
90AT0165 THE GERONTOLOGICAL SOCIETY OF AMERICA, WASHINGTON, D.C. FELLOWSHIP PROGRAM IN APPLIED GERONTOLOGY John M. Cornman (202) 393-1411	10/01/85- 09/30/86			$51,402	This project will partially support 5 post-doctoral Fellows who are selected on a basis of a national competition to work in aging planning and service agencies on projects identified by their host organizations. Fellowship includes an orientation meeting, three month summer field placement, preparation of two reports presentation of findings at a national meeting of the society. Program costs are shared by host organizations and private foundations.
90AT0166 KANSAS STATE UNIVERSITY, MANHATTAN, KANSAS READYING UNDERSERVED REGIONS FOR ACADEMIC LEADERSHIP IN GERONTOLOGY George R. Peters (913) 532-5945	07/01/85- 08/31/86			$106,131	Kansas State University and four other well established gerontological training programs will collaborate to provide graduate level training for 15-30 faculty in seven community colleges. The seven colleges expect to ultimately train approximately 2,500 persons who will in turn serve over 80,000 older people.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0167 EASTERN WASHINGTON UNIVERSITY CHENEY, WASHINGTON A MULTIDISCIPLINARY PROGRAM FOR CAREER PREPARATION FOR EMPLOYMENT IN AGING Maria Hernandez-Peck (509) 359-2283	09/01/85-10/31/87			$95,474	The project will develop and implement a multidisciplinary training program in gerontology for undergraduate and graduate students. Outcomes will include the development of 8 courses, approval and implementation of curriculum; a roster of available field sites, including those in predominantly minority areas; an increase in faculty expertise; the inclusion of minority aging in coursework; and the training of 15 students. Students will obtain a minor in aging.
90AT0168 NORTH TEXAS STATE UNIVERSITY DENTON, TEXAS PROGRAM/FACULTY DEVELOPMENT IN MINORITY GERONTOLOGICAL PROGRAMS Cora A. Martin (817) 565-2695	09/01/85-02/28/87			$141,216	This project will provide gerontological faculty and institutional development assistance to a consortium of Historically Black Colleges and Universities and other institutions with significant minority enrollment to HHS Region VI. A multi-disciplinary team will make site visits to consortium members to conduct workshops and consultations. Project staff will award tuition and fee scholarships to HBCU faculty to attend institutes at NTSU.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0169 WEBER STATE COLLEGE, OGDEN, UTAH ENHANCING SOCIAL SERVICE: ONSITE TRAINING AND NATIVE AMERICAN FOCUS Dr. Jerry Borup (801) 626-6242	07/01/85- 11/30/86			$68,860	Weber State College jointly with the Utah State Division on Aging will provide continuing education to Aging Network personnel Statewide, with special emphasis on Native Americans. Activities and products proposed include (1) two skills courses in Ute and Navajo; (2) gerontology courses at convenient locations for 45 network staff; (3) ten cassettes on topics of special concern to Ute, Navajo; (4) updates on eight major topics for aging staff; (5) information exchange workshops for 25 service providers plus Statewide and regional training meetings; and (6) consultation services for eight Aging Network agencies.
90AT0170 SAN JOSE STATE UNIVERSITY SAN JOSE, CALIFORNIA TRAINING FOR SERVICES TO THE HISPANIC ELDERLY Armand J. Sanchez (408) 277-2235	09/01/85- 01/31/87			$95,974	The project will provide master's level social work training to 8 bilingual-bicultural students. Approximately 320 service providers also will be trained in 8 workshops and 8 seminars. The result will be personnel with competency in short-term clinical intervention and delivery of support services. The emphasis is on training to serve the health and mental health needs of the Hispanic elderly.
90AT0171 PUERTO RICO GERICULTURE COMMISSION, SANTURCE, PUERTO RICO CONTINUING TRAINING PROGRAMS FOR RESIDENTIAL FACILITY ADMINISTRATORS Dr. Pura Quesado (809) 721-3141	06/28/85- 10/27/86			$72,427	The project will provide a series of two training workshops at four sites for 105 administrators of residential facilities. Training materials include: 4 video tapes, a training manual, an updated Services Directory, and accompanying bilingual written materials. Training will focus on 1) needs and values of elderly residents; 2) behavioral and functional changes; 3) community resources; and 4) management and problem solving skills.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0172 GWYNEDD-MERCY COLLEGE GWYNEDD VALLEY, PENNSYLVANIA GERONTOLOGY CERTIFICATE FOR WEST PHILADELPHIA'S ACADEMICALLY, ECONOMICALLY DISADVANTAGED Gerald F. Malfara (215) 237-4693	07/01/85-11/30/86			$121,367	The purpose of this project is to recruit, train and certify urban minority para-professionals in West Philadelphia, Pennsylvania. At least 50 economically and academically disadvantaged individuals who are unemployed or underemployed will be recruited and given academic readiness training under contract. The grantee will enroll graduates of the readiness training in gerontology courses leading to a non-degree certificate. Assistance and counseling will be provided for employment placement and elective future enrollment in a degree program.
90AT0173 UNIVERSITY OF GUAM MANGILAO, GUAM GERONTOLOGICAL TRAINING AND DEVELOPMENT ON WESTERN PACIFIC ISLANDS Patty Jo Hoff (671) 734-3510	09/01/85-01/31/87			$97,747	The goal of this project is to upgrade faculty expertise in gerontology, expand learning resources and make them available to service providers, establish an undergraduate certificate program, promote research activities and indigenous leadership in gerontology.
90AT0174 UNIVERSITY OF SOUTH FLORIDA TAMPA, FLORIDA TRAINING AGING NETWORK PERSONNEL IN MENTAL HEALTH David A. Eberly (813) 974-4665	07/01/85-11/30/86			$79,641	This project will develop a training curriculum on gerontology and geriatric mental health for Network on Aging personnel to increase detection and referral of elderly to community mental health services. Training materials for 40 contact hours over 20 two-hour training sequences will be developed and tested in 7 replications reaching approximately 150 Network on Aging staff and services providers in Florida and South Carolina.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0175 INTER AMERICAN UNIVERSITY OF PUERTO, RICO SAN GERMAN, PUERTO RICO MINORITY TRAINING AND DEVELOPMENT IN GERONTOLOGY Dr. Vidal Velez (809) 763-9622	09/01/85- 02/28/87			$42,385	The purpose of this project is to implement a multidisciplinary program in gerontology for professionals and students at the San German Campus and to increase the competency of a minimum of 60 professionals. Products of the project are: establishment of a gerontology program on campus, preparation and dissemination of related materials and an improvement in both the acceptance and delivery of health care services.
90AT0176 UNITED NEGRO COLLEGE FUND, INC. NEW YORK CITY, NEW YORK PROGRAM MENTORS AND CORPORATE EXCHANGES IN GERONTOLOGY Allen Kirschner (212) 644-9612	09/30/85- 09/29/86			$95,685	The purpose of this project is to work with HBCUs that wish to expand or develop gerontology programs and to establish links between HBCU gerontology programs and major U.S. Corporations. Activities include educating corporate executives about aging and establishing student internships and faculty exchange for HBCU gerontology programs in corporate area relating to aging.
90AT0177 UNIVERSITY OF THE SACRED HEART SANTURCE, PUERTO RICO PILOT PROJECT ON GERONTOLOGY Ceferino Lugo-Seguinot	09/01/85- 01/31/87			60,684	Will develop on-site continuing education program designed to influence attitudes and develop competencies in aging; will increase knowledge and augment available resources needed to heighten services available to elderly, especially older female workers. Three consultants will be contracted to offer seven training seminars to 18 faculty members. Steering Committee will design, develop, evaluate six instructional and training modules in gerontological training, for widespread use and dissemination. The latter will be pilot-tested with 120 students.

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GERONTOLOGY TRAINING PROGRAM	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0178 UNIVERSITY OF TEXAS AT ARLINGTON ARLINGTON, TEXAS COMMUNITY COLLEGE TRAINING FOR SERVICE PROVISION TO HISPANIC ELDERLY Norma Benavides (817) 273-3181	09/30/85- 02/28/87			$132,278	The purpose of this project is to improve the quality of life for older Hispanics through the development and strengthening of gerontological training to service providers offered through community colleges in highly density Hispanic geographic areas. This is a cooperative effort bringing together the Center for Chicano Aged and Community Colleges along with the support and advice of the aging service network to address the training needs of those persons preparing to work with the Hispanic elderly.

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HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AM0086 NORTH CAROLINA CENTRAL UNIVERSITY, DURHAM, NORTH CAROLINA EMPLOYMENT/INCOME GENERATION AMONG PUBLIC/PRIVATE MINORITY EMPLOYEES Lucille Bearon (919) 683-6240	09/01/84-01/31/86		$88,049**		This project will demonstrate how minority employers, public and private organizations, can meet their needs for skilled full and part time, temporary and permanent labor through the hiring of their own retirees or other elderly persons; and to educate management and union officials about the work skills and potential of the older worker, and assist them in developing and adopting programs that would retain older workers.
90AT0127 TOUGALOO COLLEGE, TOUGALOO, MISSISSIPPI STRENGTHENING AND EXPANDING TRAINING OPPORTUNITIES IN THE AGING NETWORK Walter Davis (601) 956-4941	09/01/84-01/31/86		$130,034**		The project will strengthen the training of pre-service and in-service personnel for the Mississippi Aging Network. Efforts will be directed toward 1) strengthening the curriculum and practicum, 2) designing and conducting forms, symposia and workshops, 3) training volunteers, 4) establishing a "job development in gerontology" program and 5) securing private sector support for the gerontology program. The program will contribute to better planning and coordination of aging training activities in the State of Mississippi. Student tuition support is included.
90AT0130 MISSISSIPPI VALLEY STATE UNIVERSITY, ITTA BENA, MISSISSIPPI MVSU GERONTOLOGY CURRICULUM DEVELOPMENT PROGRAM Ronald Love (601) 254-9041	10/01/84-12/31/85		$111,017**		This project will improve the quality of the MVSU gerontology program through 1) the conduct of a manpower needs assessment among agencies serving the elderly in Mississippi, 2) the addition and refinement of the curriculum, 3) increased efforts to recruit students for the program, and 4) increased efforts to place students in gerontology related internships and graduates into jobs in the Aging Network. No student tuition support is included.

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HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING FY 1983	FUNDING FY 1984	FUNDING FY 1985	ABSTRACT
90AT0131 ATLANTA UNIVERSITY, ATLANTA, GEORGIA STRENGTHENING FAMILY CAREGIVERS AND SERVICE DELIVERY IN RURAL AREAS Wilbur Watson (404) 681-0251	09/01/84-06/30/86		$118,128**		The project will strengthen and expand the current Gerontology Career Preparation Program by providing training for rural service providers and family caregivers in Georgia. Apporximately 160 caregivers will be trained during eight workshop sessions. The project will result in increased numbers of professionals, paraprofessionals and family caregivers with gerontological knowledge, skills and competencies to serve the rural elderly. Trainess support is included.
90AT0135 MEHARRY MEDICAL COLLEGE, NASHVILLE, TENNESSEE GERIATRIC EDUCATION AT MEHARRY MEDICAL COLLEGE Tyson Gibbs (615) 327-6947	09/01/84-01/31/86		$129,352**		This project will enhance geriatric education and training at Meharry Medical College through curriculum development and exposure of faculty and students to aging issues. Appropriate curriculum will be developed and existing courses strengthened in four units: the School of Medicine, School of Dentistry, the Graduate Nursing Division, and the School of Graduate Nursing Division, and the School of Graduate Studies. The project will result in an increased number of Black physicians with expertise in aging. Student tuition support is included.
90AT0141 LINCOLN UNIVERSITY, JEFFERSON CITY, MISSOURI MINORITY CAREER AND LEADERSHIP DEVELOPMENT PROGRAM Arnold Parks (314) 751-3225	10/01/84-02/28/86		$56,320**		This project will train 25 minority individuals, including students and practitioners. In addition to the formal training, the program will focus on the career development of each trainee. The project will result in an increased number of well-trained minority professionals to serve the needs of the aging network in Missouri. Student tuition support is included.

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HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
90AT0152 NORTH CAROLINA CENTRAL UNIVERSITY DURHAM, NORTH CAROLINA MULTIDISCIPLINARY CAREER TRAINING IN GERONTOLOGY FOR MINORITIES Clarence Brown (919) 683-6240	09/30/85- 02/28/87			$99,753	This project will establish the first State-supported multidisciplinary program in gerontology for minority students at a HBCU in North Carolina with a strong emphasis in public administration, devise a model curriculum for other HBCUs and place students in internships. The receipt of financial support for the program is also an objective.
90AT0154 ATLANTA UNIVERSITY ATLANTA, GEORGIA DEVELOPING GERONTOLOGICAL KNOWLEDGE OF FACULTY IN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES Wilbur H. Watson (404) 681-0251 X270	09/01/85- 01/31/87			$99,938	This project will provide post-graduate training for eight faculty of Historically Black Colleges and Universities. Trainees will attend a 3 1/2-day workshop in the Fall, 1985, and a 3-week internship at his/her local Area Agency. Trainees will receive 12 semester credits and a certificate in social gerontology. They will also receive post-institute assistance in curriculum development and proposal writing.
90AT0155 MOREHOUSE COLLEGE ATLANTA, GEORGIA TRAINING PROJECT IN GERONTOLOGY AND MENTAL HEALTH Cynthia E. Dozier (404) 681-2800 X285	08/01/85- 12/31/86			$100,000	Purpose is to provide academic and practicum training in mental health and aging to minority undergraduates, senior citizens, and para-professionals. Trainees will take seven core courses in gerontology and mental health; each will be assigned a clinical practicum at a health and/or psychiatric facility serving elderly with mental health problems. Outcomes will be (1) successful completion of training program; (2) subsequent job placement with aging-related agency or admission into a graduate school program emphasizing gerontology or admission into medical school with concentration in geriatric medicine or psychiatry.

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OTHER SIGNIFICANT AWARDS	START AND END DATES	FUNDING			ABSTRACT
		FY 1983	FY 1984	FY 1985	
DISASTER ASSISTANCE	N/A- -	$65,315	$189,598		In accordance with Section 310 of the Older Americans Act, awards are made to reimburse States for funds made available to area agencies during any major disaster declared by the President.
LEGAL, PROTECTIVE, AND OMBUDSMAN SERVICES DEVELOPERS	N/A-	$2,852,020	$2,862,000		Awards are made to each State and Territory'to address such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes.
OTHER INITIATIVES			$206,676		
90AD0006 PHOENIX SYSTEMS, INC. SPENCER, IA INCREASING ORGANIZATIONAL VISIBILITY, CREDIBILITY, AND AVAILABLE RESOURCES Richard Ambrosius (605) 339-3221	03/01/83- 01/31/86	$124,463			This project is providing training to State and Area Agency personnel on ways to increase project efficiency and increasing contributions from project participants. The objective of this effort is to limit reductions in services caused by limited program resources.
OTHER GRANTS STATE OLDER ADULT LITERACY PROJECTS, 20 GRANTS: RI, NJ, NY, WV, DC, SC, AL, FL, MS, WI, IN, AR, LA, TX, OK, NB, KS, CO, HI, AK	10/01/85- 02/28/87			$870,552 (Approx. $45,000 each)	The Administration on Aging through its Regional Offices awarded twenty grants to State Agencies on Aging to demonstrate ways of promoting literacy opportunities for older persons. These projects emphasize linkages with State and local adult education programs, State and local literacy councils, State and local libraries, State and local literacy providers, public broadcasting systems and private sector organizations.

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OTHER SIGNIFICANT AWARDS	START AND END DATES	FUNDING FY 1983	FY 1984	FY 1985	ABSTRACT
OTHER GRANTS STATE/PRIVATE SECTOR PROJECTS, 26 GRANTS: AL, AR, FL, HI, IL, IA, KY, LA, MD, MN, MO, MT, NY, ND, OR, PA, PR, RI, TX, UT, VA, WA, WV, WI	10/01/85- 09/30/86			$2.1 Million (Approx. $80,000 each)	The Administration on Aging through its Regional Offices awarded 26 grants to State Units on Aging for collaborative activities with for-profit private sector organizations based on an FY 1985 proposal solicitation and competition. Project activities focus on such topics as long term care, housing, health promotion, employment, retirement, planning, nutrition programs and program management. The unique concept unifying these projects are the working relationships which are being developed between State Units on Aging and business.

SOCIAL SECURITY ADMINISTRATION

PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION

The Social Security Administration (SSA) administers the Federal old-age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the basic program in the United States that provides income to individuals and families when workers retire, become disabled, or die. The basic idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked Social Security contributions (FICA taxes); the self-employed also contribute a percentage of their net earnings. Then, when earnings stop, or are reduced because of retirement in old-age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Current contributions are largely paid out in current benefits. However, at the same time, current workers build rights to future benefit protection.

SSA also administers the supplemental security income (SSI) program for needy aged, blind, and disabled people (title XVI of the Social Security Act). SSI proposes a federally financed floor of income for eligible individuals with limited income and resources. SSI benefits are financed from general revenues. In about 50 percent of the cases, SSI supplements income from other sources, including Social Security benefits.

The low-income home energy assistance program, which provides grants to States, Indian tribes, Puerto Rico and the insular areas (such as the Northern Mariana Islands) to help low-income households offset the cost of home energy, is also administered by the Social Security Administration.

SSA shares responsibility for the black lung program with the Department of Labor. SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973, and for payment of black lung benefits to certain survivors of miners.

Local Social Security offices process applications for entitlement to the Medicare program and assist individuals in filing claims for Medicare benefits. Overall Federal administrative responsibility for the Medicare program rests with the Health Care Financing Administration, HHS.

Following is a summary of beneficiary data, selected administrative activities, precedential court decisions, and Social Security-related legislation enacted in fiscal year 1985.

I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1985, about 94 percent of all Americans age 65 and over were drawing Social Security benefits, or were eligible to draw benefits if they or their spouses retired. It is expected that 96 percent of the aged will be eligible for Social Security benefits by the end of the century.

At the end of October 1985, 36.9 million people were receiving monthly Social Security cash benefits, compared to 36.4 million in October 1984. Of these beneficiaries, 22.3 million were retired workers, 3.5 million were dependents of retired workers, 3.9 million were disabled workers and their dependents, 7.1 million were survivors of deceased workers and about 33,000 were uninsured individuals receiving "special age-72" (Prouty) benefits.

The monthly amount of benefits paid for October 1985 was $15.4 billion, compared to $14.6 billion for October 1984. Of this amount, $11.2 billion was paid to retired workers and their dependents, $1.4 billion was paid to disabled workers and their dependents, $2.8 billion was paid to survivors, and $4.4 million was paid to special age-72 beneficiaries.

Retired workers received an average benefit for October 1985 of $464 (up from $443 in October 1984), while disabled workers received an average benefit of $469. Retired workers newly awarded Social Security benefits for October 1985 averaged $426, while disabled workers received an average initial benefit of $465.

Based on preliminary estimates, during fiscal year 1985 an estimated $184 billion in Social Security cash benefits were paid, compared to $173 billion in fiscal year 1984. Of that total, retired workers and their dependents received $127 billion, disabled workers and their dependents received $18.7 billion, survivors received $38.1 billion, and special age-72 beneficiaries received $57 million. In addition, lump-sum death payments amounted to $208 million.

Monthly Social Security benefits were increased for December 1984 (payable beginning January 1985) to reflect a 3.5 percent increase in the Consumer Price Index

(CPI). An automatic cost-of-living adjustment equal to 3.1 percent will be effective for December 1985, payable in January 1986.

II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

In January 1985, SSI payment levels (like Social Security benefit amounts) were automatically adjusted to reflect a 3.5 percent increase in the CPI. Thus, from January through December 1985, the maximum monthly Federal SSI payment level for an individual was $325. The maximum monthly benefit for a married couple both of whom were eligible for SSI was $488. In January 1986, these monthly rates will be increased to $336 for an individual and $504 for a couple to reflect a 3.1 percent increase in the Consumer Price Index.

As of July 1985, a little over 4 million aged, blind, or disabled people received Federal SSI or federally administered State supplementary payments. Of the 4 million recipients on the rolls during July 1985, over 2 million were aged 65 or older. Of the recipients aged 65 or older, 520,000 were eligible to receive benefits based on blindness or disability. Over 2 million recipients were blind or disabled and under age 65. During July 1985, Federal SSI benefits and federally administered State supplementary payments totaling $919 million were paid.

For fiscal year 1985 $10.6 billion in benefits (consisting of $8.7 billion in Federal funds and $1.9 billion in federally administered State supplementary payments) were paid.

III. LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Beginning in October 1980, SSA was given Federal administrative responsibility for a program of low-income home energy assistance. The program helps low-income households meet the cost of home energy. The program is authorized by the Omnibus Budget Reconciliation Act of 1981, as amended by the Human Services Reauthorization Act of 1984. In fiscal year 1985, Congress appropriated $2.1 billion for the program. Block grants are made to States, territories, and eligible applicant Indian tribes. Grantees may provide heating, cooling, energy crisis intervention assistance and low-cost residential weatherization or energy-related home repair to eligible households. Grantees can make payments to households with incomes less than 150 percent of the poverty guidelines, or 60 percent of the State's median income, or to households which contain an individual who receives supplemental security income, food stamps, aid to families with dependent children, or needs-tested veterans benefits.

Low income elderly households are a major target group for energy assistance. They spend, on average, a greater portion of their income for heating costs than other low income households. Grantees are required to target outreach activities to elderly or handicapped households eligible for energy assistance. Grantees can elect to provide other forms of priority treatment to these households. For example, a number of States provide the elderly and handicapped with easier application procedures, higher benefits, or favorable assets or income standards.

In fiscal year 1985, more than 40 percent of households receiving assistance with heating costs included at least one person age 60 or over.

IV. BLACK LUNG BENEFITS AND BENEFICIARIES

Although responsibility for new black lung miner claims shifted to the Department of Labor (DOL) in July 1973, SSA continues to pay black lung benefits to a significant, but gradually declining, number of miners and survivors. (While DOL administers new claims under part C of the Federal Coal Mine Safety and Health Act, SSA is still responsible for administering part B of the Act.)

During September 1985, about 299,000 individuals (190,000 age 65 or older) received $84.4 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 79,000 miners received $25.9 million, 139,000 widows received $45.6 million, and 80,000 dependents received $12.9 million. During fiscal year 1985 SSA administered black lung payments in the amount of slightly more than $1.0 billion. About 68,000 miners and 122,000 widows were age 65 or older.

Black lung benefits increased by 3.5 percent effective January 1985 due to an automatic general benefit increase adjustment under the law. (Black lung benefits will not increase in 1986.) The monthly payment to a coal miner disabled by black lung disease increased to $328.20 from $317.10. The monthly benefit for a miner or widow with one dependent is $492.30 and with two dependents $574.30. The maximum monthly benefit payable when there are three or more dependents is $656.40.

V. SSA ACTIVITIES AND ACHIEVEMENTS

Early in fiscal year 1984, SSA top management articulated the Agency's basic values, and identified eight major objectives deemed necessary to support those values. The values themselves, which form the foundation on which all SSA activities are carried out, are to:

(1) Provide timely and accurate payment of benefits;
(2) Administer the program efficiently and effectively;
(3) Provide courteous, sensitive, and dignified service to the public; and
(4) Strive toward a positive work climate for all employees.

To support these values, priority objectives or initiatives are identified for concentrated agency-wide attention. The specific projects are updated periodically based on progress made and new demands.

Eight objectives were annonced in April 1984 to address concerns about expanding responsibilities, demands for even better public service and due process, outmoded technology, and reduced resources. These eight objectives were:

(1) Effectively manage workloads;
(2) Modernize the claims system;
(3) Redesign the annual wage reporting system;
(4) Manage the impact of automation;
(5) Produce a reliable management information system;
(6) Improve programmatic issuances;
(7) Effectively manage a national disability process; and
(8) Issuance of clear notices.

SSA has always been—and remains today—a people-oriented organization; this is clear not only in our statement of values, but also in the identification of our objectives and in the implementation of other activities supporting those values.

In fiscal year 1985, in support of these values, significant achievements were realized for the eight major objectives. Following are examples of significant achievements for each of the objectives.

1. Seventeen *workload management* initiatives were identified. These have as their purpose the identification of creative approaches for saving workyears, eliminating unnecessary work, simplifying work that must be done, and transferring work to locations where resources could be made available. Fifteen of these initiatives led to resource savings of 2,031 workyears in fiscal year 1985. It is expected that 591 more workyear savings will be realized in fiscal year 1986, and an additional savings of 278 workyears will be achieved in fiscal year 1987. These initiatives will have led to savings totaling over 2,900 workyears by the end of fiscal year 1987.

2. *Modernized claims systems* will strengthen the claims process in the field offices and central operations by making it more responsive to the needs of both the public and SSA. Phase I of the modernized claims system reached a significant milestone when the pilot district offices in York, Pennsylvania, and Baltimore, Maryland took their first "live" claims on March 28, 1985. This was the first step in modernizing the claims system and process to improve its efficiency.

3. SSA will acquire the hardware and software necessary for streamlining *employer reporting of employee wage data.* The major purpose of this new system is to enable SSA to post yearly wage information more quickly than at present. Other advantages include automated control of employer reports, and more timely and meaningful management information on the entire process. Another effort aimed at ensuring timely posting of earnings is SSA's encouragement of increased use by employers of magnetic media in reporting employee wages.

4. All major systems projects were initially reviewed to assess the *impact of systems improvement* efforts on personnel and organizations. Thirteen new systems projects were identified and reviewed in fiscal year 1985, and reports were issued to the affected components. While some personnel impacts have been identified as resulting from these systems enhancements, the impact has been determined to be manageable through normal attrition or transfer of employees to new areas where the workload is expanding.

5. The Administrative/Management Information Engineering (AMIE) activity outlines a 6-year effort to guide the development of a *reliable management information system.* This effort should result in improvements in information management, software engineering, systems capacity, data communications, and enduser computing.

6. The project to *improve programmatic issuances* has continued to result in improvements in SSA's program instructions through both short-term improvements and near-and long-term (2-5 years) enhancements. The emphasis has been on changes to the Program Operations Manual System, in order to reduce the volume

of material produced, expedite printing and distribution, and improve the quality and usability of issuances.

7. Many activities were completed, initiated, or planned to improve the *national disability program.* Much was achieved in fiscal year 1985 to ensure that both initial and continuing eligibility for benefits are evaluated in a fair and accurate manner using adjudicative criteria that reflect the latest advances in diagnostic assessment and the most up-to-date thinking on medical evaluation. This was accomplished through the combined effort of the staffs from SSA, the Disability Determination Services of the States, and numerous outside groups.

8. Communicating clearly with beneficiaries and other segments of the public has historically been important to SSA. In 1984, and into 1985, SSA has concentrated its efforts on issuing *clear notices,* with the aim of providing more effective, timely communications with beneficiaries and an improved understanding of SSA programs by the general public. A major accomplishment is the redesign and revision of language for initial claims notices under the Modernized Claims System.

VI. COMMUNICATIONS AND SERVICES

Information Activities

Public information activities relating to Public Law 98-21, the 1983 Social Security Amendments, continued into fiscal year 1985. A major emphasis was given to conducting an intensive public information effort on taxation of Social Security benefits coinciding with the mailing of 40 million forms SSA-1099, Social Security Benefit Statement, in January 1985. Based on past Internal Revenue Service (IRS) experience in mailing notices relating to taxation, SSA had expected to receive about 9.2 million inquiries in fiscal year 1985 after beneficiaries received their first statement of benefits. Only about 1.2 million inquiries were received. SSA believes its joint efforts with IRS to make the form SSA-1099 and its transmittal message as simple and as clear as possible, combined with the information released through the mass media, saved the beneficiaries considerable confusion and inconvenience.

In addition, SSA conducted its usual public information activities in support of field administration of the programs administered by SSA. About 96 million copies of about 50 publications were produced in 1985 explaining Social Security, SSI, and Medicare. Seven leaflets directed primarily to senior citizens were printed in larger type versions. A new computer typesetting program has enabled SSA to phase in production of the remaining leaflets in larger type at no, or for a relatively low, increase in cost.

Work is underway to produce a pre-retirement kit to enable SSA field personnel to inform people nearing retirement about Social Security more efficiently and effectively.

A number of public information activities were conducted in conjunction with the celebration of the 50th anniversary of the Social Security Act, August 14, 1985. These included a statement by President Reagan on the significance of the 50th anniversary, as well as a by-line article from HHS Secretary Margaret Heckler.

In fiscal year 1985, SSA also produced a series of slides for field offices to use in explaining the Social Security programs to older workers and the public in general, as well as public service announcements for radio and TV, exhibits, and cable television programs. Most public information material is produced in English and in Spanish.

Magnetic Media Wage Reporting

In an effort to make wage reporting more cost efficient and accurate, SSA has encouraged large employers to take advantage of this medium. Beginning in tax year 1986, magnetic media will be mandated by the Internal Revenue Service for employers with 500 or more employees. This threshold will fall to 250 in tax year 1987. The mandate will affect approximately 25,000 employers who will be generating magnetic media wage reports to SSA. The advantage to the retiree will be faster and more efficient wage reporting, benefit estimates, earnings records, and recomputation of benefits.

Program Information for Federal, State and Local, and Nonprofit Groups

SSA has developed presentations highlighting the value of Social Security for Federal, State and local, and nonprofit employers and organizations. The presentations include recent changes in Social Security: the Social Security Amendments of 1983 (Public Law 98-21), the Deficit Reduction Act of 1984 (Public Law 98-369), and the

Social Security Disability Benefits Reform Act of 1984 (Public Law 98-460). A total of 175 presentations have been given to approximately 6,300 personnel specialists who service 3.2 million Federal employees. This includes 80 sessions sponsored by Office of Personnel Management training regions throughout the country, and we have been working with State Social Security Administrators and nonprofit organizations to reach employees in those sectors. We also have used specially designed exhibits to publicize the value of Social Security at the annual meetings of three major government organizations in 1985, the National League of Cities, the National Association of Counties, and the National Conference of State Legislators.

Improved Benefit Verifications

SSA continues to publicize its new Third Party Query system for providing beneficiary status information to other public agencies which provide services and cash benefits to Social Security and supplemental security income beneficiaries. Under this new system, SSA is able to verify benefit payments in a faster and more efficient manner.

Representative Payee Initiative

SSA is working with the American Association of Retired Persons (AARP) on a pilot project where AARP finds, trains, and monitors both individual volunteers and service agencies who serve as representative payees when SSA cannot locate a suitable payee. The purpose of the project is to develop an all volunteer model delivery system and to demonstrate its effectiveness. Pilot programs have begun in Washington, D.C., Baltimore, MD., Hyattsville, MD., Harrisonburg, VA., Staunton County, VA., Elmira, N.Y., and San Francisco, CA.

AARP reports very positive responses to the project at the local level. In addition, they have received more than 50 requests nationwide for information on how to establish a representative payee project. They are in the process of selecting three to six new sites for 1986.

VII. PRECEDENT-SETTING COURT DECISIONS THAT AFFECT THE ELDERLY MADE DURING FISCAL YEAR 1985

POSSE (Public Agencies Opposed to Social Security Entrapment) v. *Heckler—Termination of Social Security Coverage Agreements*

On May 21, 1985, the U.S. District Court for the Eastern District of California entered a final judgment against the defendants (the Secretary of HHS and the U.S.A.). The Court ruled in its opinion that section 103 of Public Law 98-21 (the Social Security Amendments of 1983), which prohibits termination of Social Security coverage of State and local governmental employees as of April 20, 1983, is void and of no effect with respect to the plaintiffs and that the State of California and its political subdivisions have the right to terminate Social Security coverage under California's Federal-State agreement and section 218 of the Social Security Act.

Because the Court declared a section of the Act to be unconstitutional, on June 27, 1985 the Federal Government filed a notice of appeal directly to the U.S. Supreme Court. All of the parties to the suit have agreed to a stay that will maintain the status quo pending a decision from the Supreme Court.

VIII. SUMMARY OF LEGISLATION ENACTED IN FISCAL YEAR 1985 THAT SIGNIFICANTLY AFFECTS SSA

Public Law 99-80 (H.R. 2378), Equal Access to Justice Act Amendments—Signed August 5, 1985

The new law amends and makes permanent the Equal Access to Justice Act. Under the new law (1) section 206(b) of the Social Security Act (concerning attorney fees in court cases) does not prevent an attorney from also receiving an Equal Access to Justice Act award (a clarification of prior law) and (2) an attorney must refund to the claimant the amount of the smaller fee insofar as both fees relate to the same work.

Public Law 99-155 (H.R. 3721), Temporary Extension of the Debt Limit—Signed November 14, 1985

The bill contains provisions to restore to the Social Security (or other) trust funds securities that were disinvested after September 30, 1985, as a result of investment practices that were necessary because the existing statutory debt limit had been reached.

HEALTH CARE FINANCING ADMINISTRATION

Long Term Care

The mission of HCFA is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million aged, disabled and poor Americans.

Medicaid and Medicare are the principal sources of funding for long term care in the United States. The primary types of care reimbursed by these programs of HCFA are skilled nursing facilities (SNF's), intermediate care facilities (ICF's), and home health services.

HCFA's Office of Research and Demonstrations (ORD) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility and management alternatives to the present Medicaid and Medicare programs. ORD also assesses the impact of beneficiary access to services, health care providers and the health care industry.

DEMONSTRATION ACTIVITIES

In 1985, HCFA continued a number of demonstrations aimed at testing the effectiveness of community-based and in-home delivery systems for long term care services. These projects focus on the coordination and management of an appropriate mix of health and social services directed at individual client needs. HCFA also initiated the development of demonstrations which will test the cost effectiveness of prospective payment approaches for home health agencies.

Studies and demonstrations are being conducted to assess the impact of new reimbursement strategies to promote cost containment and foster quality of care. Efforts are also underway to identify more effective long term care quality assurance techniques and to improve the statistics and baseline information upon which future assessment of needs, problem identification and policy decisions will be based.

Demonstration Projects and Initiatives—1985

NATIONAL LONG TERM CARE CHANNELING DEMONSTRATION PROGRAM

This intradepartmental effort was launched in September 1980 in an attempt to test the ability of community-based long term care projects to address many of the inefficiencies in the existing long term care system and assess the factors which influence their structure. The program included the close cooperation of HCFA, the Administration on Aging, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) which was designated the lead agency in the effort. A steering committee of senior policy officials in these agencies was established under the chairmanship of ASPE to set broad goals and provide policy guidance regarding the program. A management team also was established, composed of senior staff in each participating agency, which had responsibility for providing technical direction and management on all aspects of the program.

The National Long Term Care Channeling Demonstration Program included the following two components:

1. Operational Design

The term "channeling" refers to the organization or operating system required in a community to insure that a client receives the long term care services he/she needs. Each project site in the national demonstration provided outreach/case finding, screening, comprehensive client assessment and case management.

Ten States were awarded contracts to participate in this demonstration program. Five States were designated as basic model projects in which channeling sites would provide only the core channeling functions: outreach, screening, assessment and case management. In addition, these sites were also awarded a specific amount of gap-filling service funds. The five basic model States are Maine, Kentucky, New Jersey, Texas, and Maryland. Sites in these States began serving clients in February 1982.

The remaining five States, Pennsylvania, Ohio, Massachusetts, Florida, and New York, were designated complex model projects. These projects modified the basic model approach by adding three program elements: expanded Medicare and Medicaid service coverage, authorization to approve reimbursement for services and limitations on per capita expenditures. By June 1982, the complex model sites began serving clients.

The demonstration continued to build its caseload and maintain operations through September 1984. At that time, the project began discharging clients and phasing out the demonstration. All demonstration activities ended on March 31, 1985. Project sites prepared detailed phase-down plans in order to ensure that appropriate alternative arrangements could be made for project clients.

2. Evaluation

A contract was awarded to Mathematica Policy Research, Inc., to conduct the evaluation. Mathematica collected uniform data from the 10 projects on client characteristics, outcomes and service and administrative costs. In addition, the evaluator assisted the projects in utilizing procedures for randomizing the potential client population into experimental and control groups. The total research sample was comprised of 4,900 clients which included 2,100 control group participants. In 1983, Mathematica produced a process analysis report that described the early planning and implementation experience of the demonstration. A series of reports focusing on different outcome measures will be prepared in early 1986. The final evaluation report is due in the spring of 1986.

AFDC HOMEMAKER/HOME HEALTH AIDE DEMONSTRATION

Section 966 of Public Law 96–499, the Omnibus Reconciliation Act of 1980, authorized the Secretary to enter into agreements with States for the purpose of conducting demonstration projects for the training and subsidized employment of AFDC recipients as homemakers and home health aides. During this 4-year demonstration, each State trains AFDC recipients as homemaker/home health aides to provide supportive services to elderly and disabled individuals who without these services would require institutionalization. The Medicaid program pays for the costs of the demonstration project, including the wages and employment costs of the AFDC participants. The Federal Medicaid match was increased to 90 percent as an incentive for State participation. The project includes a 6-month planning and developmental period, a 3-year operational phase and a 6-month wind-down period for the purpose of final reporting and evaluation. The operational segment of the demonstration began in January 1983. At that time, the States began the process of recruiting and selecting AFDC recipients to be trained as homemaker/home health aides. In the past 3 years, more than 3,500 AFDC recipients have been trained. These aides have provided the services authorized under this demonstration to over 8,800 individuals identified as being at risk of institutional care. The seven demonstration States are Ohio, New Jersey, Arkansas, Texas, South Carolina, New York, and Kentucky.

Two major issues will be examined in this demonstration:

—the extent to which training AFDC recipients as homemaker/home health aides is feasible and results in continued, nonsubsidized, productive employment for the trainees, and

—elderly or disabled individuals, who would otherwise not receive these services, results in a lower use of institutional care, under the assumption that they would be reasonably anticipated to require institutional care.

In terms of expected results, three issues emerge: (1) the first phase will examine feasibility issues such as how many and what kind of AFDC recipients apply and are accepted into the program, how effective is the training, and whether the availability of subsidized services expands the home care service population; (2) in the interim phase, the employment status of the trainees and the institutional status of the service recipients will be investigated (e.g., do trainees continue in the program, what services do clients receive and for how long?); and (3) the final evaluation phase will thoroughly examine the net cost-effectiveness of the program in reducing welfare dependency and institutionalization/care costs for service clients. Final results are expected by December 1986.

TEXAS, "MODIFICATION OF THE TEXAS SYSTEM OF CARE FOR THE ELDERLY: ALTERNATIVES TO THE INSTITUTIONAL AGED"

The Texas Department of Human Resources (DHR) is in its sixth and final year of a demonstration project which is designed to reduce the growth of nursing homes in Texas while at the same time expanding access to community care services for needy individuals. The demonstration was initiated as a result of a State legislative mandate which required DHR to eliminate one of the two Medicaid intermediate care facility (ICF) levels of care (the ICF II level) and provide community based services to deinstitutionalized patients. For individuals who are deinstitutionalized, a care plan is developed and arrangements for in-home services through community service providers are made. The following services are provided: Medicaid Home Care Benefits, Medicaid Personal Care Benefits, Title XX Adult In-Home Services, and Section 1115 Waivered Community-Based In-Home Supportive Services.

Substantial progress has been made over the past 5 years in implementing the project. Of the 15,302 individuals in the ICF-II Cohort group in March 1980, only 3,078 (or 20.1 percent) were still receiving ICF-II services in December 1984. Another 1,244 "Special II's" were also receiving ICF-II services as of that date. The institutional population decreased 15.5 percent from March 1980 to December 1984, from 64,643 to 54,618. The community care caseload has increased 46.2 percent, from an average of 34,210 clients in 1980 to 49,978 in 1984.

NEW YORK, MONROE COUNTY I AND II

The New York State Department of Social Services is demonstrating alternative approaches to delivering and financing long term care to the adult disabled and elderly Medicaid population of the county. The project has developed the Assessment for Community Care Services (ACCESS) model as a centralized unit responsible for all aspects of long term care for Monroe County residents 18 years of age or older who are Medicaid eligible and have long term health care needs. ACCESS staff provides each client with comprehensive needs assessment and case management services. This Monroe County Long Term Care Project was expanded in 1982 to include case management and patient assessment services for the county's Medicare population in need of long term care. The addition of the Medicare project to the Monroe County Program enables the project to work toward an integration of Medicare and Medicaid long term care services in the county and hopefully to simplify program administration. The project operated at full caseload throughout 1985. The demonstration has been extended until 1986 to assess the project's effects over time on the health care system.

HOME HEALTH AGENCY PROSPECTIVE PAYMENT DEMONSTRATION

A contract was awarded in December 1983 to Abt Associates, Inc., for development and implementation of a demonstration testing alternative methods of paying home health agencies (HHA's) on a prospective basis for services furnished under the Medicare and Medicaid programs. The initial phase of the project will involve the development of the specific payment methodologies (e.g., per visit, per month, per episode); establishment of a research design and evaluation strategy; design of a process to monitor the quality of care provided under the demonstration; development of data collection and status reporting plans; and identification, selection and training of participating HHA's. The payment methodologies will then be tested for 3 years to determine the effects of Medicare and Medicaid expenditures, quality of care, and HHA operations. This operational phase is expected to begin in mid-1986.

DEVELOPMENT OF HOME HEALTH AGENCY COMPETITIVE BIDDING MODELS

A contract was awarded in June 1984 to the Center for Health Policy Studies, Inc., to design alternative models of competitive bidding for home health agency services under the Medicare and Medicaid programs. The contractor wil be required to analyze strengths and weaknesses of possible models, including possible effects on access to and availability of services, and on Medicare and Medicaid expenditures. The contractor will develop in detail several models selected by HCFA and establish a research design and implementation strategy that could be used by HCFA to test the bidding models in a demonstration project. The contract will be completed in early 1986.

SOUTH CAROLINA COMMUNITY LONG TERM CARE PROJECT

The South Carolina Department of Social Services was awarded a section 1115 grant in September 1979 to conduct a demonstration to test community-based client assessment, services coordination, and provision of alternative services. In September 1981, the project received section 222 waivers to address the needs of project clients who are eligible for both Title XVIII and Title XIX benefits. It was hypothesized that the waivers would increase the use of home care services and, thereby, reduce reliance on hospitals and lower the incidence of conversion from Medicare to Medicaid in nursing homes. The project's catchment area covered three counties: Spartanburg, Cherokee, and Union.

The demonstration ended in December 1984. All appropriate clients were transferred to the statewide community long term care system under the authority of the section 2176 waivers. The State submitted to HCFA a draft final report in the fall 1985. A final report and an executive summary are expected to be submitted to HCFA in early 1986.

STUDY OF ACCIDENTAL FALLS IN THE ELDERLY

In September 1984, a cooperative agreement was awarded to the Kaiser Foundation Research Institute to test the effectiveness of a comprehensive falls prevention program in reducing the incidence of falls and associated medical care use and cost in the elderly population. The project will be conducted at the Health Services Research Center, Kaiser Permanente Medical Care Program in Portland, OR. Kaiser will be conducting a randomized trial of 2,400 households with Kaiser members age 65 and over who will participate in one of two groups: Intervention and a control group. All participants will provide data on falls and will receive a home audit. Participants in the intervention group will be offered a special falls prevention program which will include a self-management educational curriculum and the installation of safety equipment and minor renovations in the home. In addition, a blind control group of elderly Kaiser members will be included to measure the incidence of falls-related medical care use. The project will collect data for a 24-month period on all participants. Funding support for this demonstration will be supplemented by the National Institute on Aging, the Robert Wood Johnson Foundation, and Kaiser Foundation Hospitals, Inc. The project completed its planning and development activities and began recruiting clients in September 1985.

CONNECTICUT INCENTIVE REIMBURSEMENT PLAN FOR MEDICAID HOME HEALTH CARE SERVICES

In November 1984, the State of Connecticut received a 2-year award to conduct a demonstration project which will investigate the degree to which the payment of cash rebates to Medicaid recipients who use low cost home health agencies will be effective in lowering overall Medicaid home health care costs. The project will include 1,200 Medicaid recipients in Hartford, CT. Project Hope's Center for Health Information Research and Analysis in Millwood, VA, will be the evaluator of the demonstration.

Prior to implmenting the full-scale demonstration project, however, the State intends to conduct a 90-day pilot project. Because of some unexpected delays encountered in the planning phase of the project, the pilot project will not begin until the latter part of 1985 with the full-scale demonstration beginning early in 1986.

THE SOCIAL/HEALTH MAINTENANCE ORGANIZATION DEMONSTRATION

A grant was awarded to the University Health Policy Consortium (UHPC) at Brandeis University in the spring of 1980 to develop and implment the concept of the Social/Health Maintenance Organization (S/HMO) for Long Term Care. The S/HMO is a capitation financed delivery approach to the organization of health and social services in which an elderly population, including those at high risk of institutionalization, is voluntarily enrolled by a managing provider entity into an integrated service system. It is designed to address two of the most pressing problems in long term care: (1) the fragmentation of services, and (2) the fragmentation of funding sources. The concept promises to integrate health and social services as well as acute care services.

All basic acute hospital, nursing home, ambulatory medical care services and personal care support services, including homemaker, home health and chore services, are provided by or through the S/HMO at a fixed annual prepaid capitation sum. Other offered services include emergency psychiatric, meals (home delivered and/or congregate), counseling, transportation, information and referral. The provider either may employ staff or establish contracts with other providers of the services. In the S/HMO model, financial, programmatic, case decision making and management responsibility rests with the provider entity. The S/HMO provider is at risk for service expenditures and is responsible for brokering other needed services not covered but which are available from other community providers. Financial risk is defined as absorption of agreed-upon costs which exceed a capitation agreement.

It is hypothesized that the S/HMO will reduce the number of expensive insititutional days for enrollees as well as encourage significant changes in utilization patterns.

Four sites were selected for participation in the demonstration, which was mandated by section 2355 of the Deficit Reduction Act of 1984 (P.L. 98–369). They all use common assessment instruments, comparable experimental populations, compatible management information systems and a common evaluation strategy. The Kaiser Foundation Health Plan in Portland, OR, and the Ebenezer Society/Group Health Plan of Minneapolis, MN (Seniors Plus) are Health Maintenance Organizations which are adding long term care services to their service package. Elderplan Inc., sponsored by the Metropolitan Jewish Geriatric Center in Brooklyn, NY, and the Senior Citizen Action Network (SCAN) of Long Beach, CA are long term care providers which will be adding medical services to their packages.

One site, Seniors Plus, became operational on January 1, 1984. The other three sites commenced operations on March 1, 1984. During the 18-month first year, the sites will attempt to reach an enrollment level of 4,000 participants per site.

An evaluation contract was awarded to the University of California, San Francisco (UCSF). The evaluation is designed to provide answers to questions about cost/benefit effects of a S/HMO, the effects of integrated care on the elderly and on service costs, the administrative feasibility of the S/HMO model compared with the fee-for-service model, and the effects on quality of care.

In addition to the UCSF evaluation, UHPC and each site will conduct an evaluation of the process of developing and implementing a S/HMO program.

INCENTIVE PAYMENTS FOR CALIFORNIA NURSING HOMES

The California Skilled Nursing Incentive Payment Project is designed to test a system of incentive payments as a means of encouraging skilled nursing facilities (SNF's) in San Diego to admit and provide quality care to severely dependent patients now being backed up in hospitals because of the amount and cost of care these patients require. Effective April 19, 1981, HCFA approved waivers of certain statutory requirements for this project so that the California Medicaid State Agency might set nursing home payment rates which exceeded the Medicaid reasonable cost requirements by the amount of the incentive payments. The total funding for this project is paid through a contract between the National Center for Health Services Research (NCHRS) and a private firm, Applied Management Sciences, Inc. (AMS).

Under the demonstration, AMS randomly selected SNF's for the treatment and control groups. Based on periodic patient assessments by specially trained nurses, the 18 treatment group SNF's received admission, discharge, and outcome incentive payments (for achieving patient-specific outcome goals). The operational phase of the project lasted from May 1981 through April 1983. Currently, project staff at NCHSR and AMS are editing the study data and laying the groundwork for the analyses. The final evaluation report is scheduled for completion in early 1986.

HUD/HHS DEMONSTRATION FOR THE CHRONICALLY MENTALLY ILL

This demonstration project is a joint effort between the Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) to allow the chronically mentally ill to live more independently in the community through the provision of residential housing and services. Project coordination is carried out by an interagency work group from HUD and HHS, Health Care Financing Administration (HCFA), National Institutes of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation.

The current demonstration began in 1978 with HUD approving section 202 Direct Loan Reservations and Section 8 Rental Assistance set-asides for sites in 39 States and NIMH approving the service program for each site. HCFA is committed to the provision of section 1115 (Medicaid) waivers to permit reimbursement for services not currently included under the State's Medicaid plan. Of the 26 HUD-approved States that initially indicated their interest in requesting waiver approval, 12 States (Minnesota, Georgia, Tennessee, Vermont, the District of Columbia, New Hampshire, New Jersey, Rhode Island, Arkansas, Washington, Connecticut and Maine) have submitted applications and received Medicaid waiver-only grant approval by HCFA. During the course of this demonstration, the waivers will cover reimbursement for services at each site for a period of 3 years.

The objectives of the waiver-only grants are to determine the cost-effectiveness of providing care to the chronically mentally ill in residential settings and to determine the increase in functional independence and quality of life of the residents.

CASE MANAGED MEDICAL CARE FOR NURSING HOME PATIENTS

On July 1, 1983, HCFA granted Medicare and Medicaid waivers to the Massachusetts' Department of Public Welfare, Medical Care Division, to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistants to residents of nursing homes. This will permit increased medical monitoring that will generate cost savings due to fewer hospital admissions and hospital outpatient visits. For those requiring a hospital admission, the physician-supervisor will be the admitting physician, thus providing a continuity that is frequently lacking in the present system of medical care. Massachusetts has conducted a pilot program in 10 nursing homes with medical services provided by the Urban Medical Group. This program will be expanded to serve a patient population of approximately 700 patients. In addition, other medical providers will be added and ultimately 6,500 patients are expected to be served by 11 providers (individuals or groups of physicians). The objectives of the demonstration are: to explore the feasibility and desirability of the use of nurse practitioners/physician assistants to provide medical care to residents of nursing homes and to test the cost effectiveness of this delivery system.

ON LOK'S AT-RISK, CAPITATED PAYMENT DEMONSTRATION

As of November 1, 1983, in response to the Congressional mandate of Section 603(c) (1) and (2) of the Social Security Amendments of 1983, HCFA granted Medicare waivers to the On Lok Senior Health Services and Medicaid waivers to the California Department of Health Services. Together, these waivers will permit On Lok to implement an at-risk, capitated payment demonstration in which 300 frail elderly individuals are provided a comprehensive array of health and health-related services.

Under On Lok's Community Care Organization for Dependent Adults (CCODA) demonstration that began in 1979 and ended on October 31, 1983, a single source, cost-based, reimbursement system (Medicare) was used to provide funding for all health and health-related services to On Lok's CCODA participants who were certified by the Department of Health Services as eligible for institutional placement at the time of admission. Reimbursement for services was provided by HCFA under section 222 waivers.

The current demonstration is maintaining On Lok's comprehensive community-based program but has modified its financial base and reimbursement mechanism. All services are paid for by a prospective capitated rate from both Medicare and Medicaid (Medi-Cal). The Medicare rate is based on the adjusted average per capita cost (AAPCC) for Medicare's institutionalized population. Individual participants may be required to pay co-payments, spenddown income or divest their assets based on their financial status and eligibility for either or both of the programs. On Lok is at risk if expenditures exceed the capitated rates of both Medicare and Medi-Cal.

RESPITE CARE CO-OP IMPAIRED ELDERLY

This feasibility study is expected to develop a model cooperative to provide respite for family caregivers of impaired elderly. The model relies on volunteer family caregivers with a minimum number of paid staff to coordinate the process. The objectives are: To study the feasibility and cost of developing a model cooperative designed to prevent exhaustion of family members, to eliminate the need for more intensive and/or expensive care, and to prevent unnecessary institutionalization of the elderly. The model is envisioned as a cooperative committee composed of impaired elderly, their family caregivers and representatives from community agencies. The committee, with a program coordinator, works to establish policies and procedures and to recruit families to participate. Family members pay for care received with care given. The co-op model is professionally guided self-help and volunteerism, with the caregiver as both service provider and service recipient. The evaluation will provide data to measure satisfaction and impact on well-being of clients and caregivers, cost-effectiveness and avoidance of use of more costly and restrictive living circumstances.

THE EFFECTS OF ALTERNATIVE FAMILY SUPPORT STRATEGIES

This project is designed to study the effects of various support programs provided to families that care for their elderly members at home. The support programs include:

(1) paid respite care in various settings, up to a maximum yearly dollar limit per family,

(2) family training and case management, and

(3) paid respite care in conjunction with family training and case management.

The purpose of providing the support programs is to encourage and enable family members to maintain their role as primary caregivers in order to prevent or delay the permanent institutionalization of their elderly relatives.

The Long Term Care Center and the Institute of Aging of the University of Washington (Seattle, WA) are co-sponsoring the project, which will be offered in the King County area. To take part in the project, a dependent family member must be: (1) age 65 or over and (2) entitled to Hospital Insurance (Medicare Part A) or eligible under the Medicaid program. Three providers will participate in the project to offer families a choice of paid respite care: Community Home Health Care, Norwest Day Health Center for Adults, and Northwest Progressive Care (a nursing home which offers both skilled and intermediate levels of inpatient care).

The design of this project calls for a total population sample of 600 family units (each consisting of an elderly dependent member and a family caregiver). The family units will be randomly assigned—either to one of several experimental groups receiving one or a combination of the support programs (500 family units) or to the control group (100 family units). Families receiving paid respite care alone or the mix of paid respite plus training/case management services (200 family units) may use any combination of the paid respite care up to a maximum dollar limit per family (an annual limit of about $900). The service phase of the project began in April 1984 and continued through July 1986. The final evaluation report is expected in late spring 1987.

NURSING HOME SURVEY/CERTIFICATION AND INSPECTION OF CARE

There have been three States involved in Survey/Certification and Inspection of Care demonstrations. The Wisconsin Nursing Home Quality Assurance Project was completed in 1982. Under this experiments, the State performed a streamlined survey process that also met the requirements of medical and independent professional review in an attempt to improve the quality of nursing home care. The Massachusetts Survey-by Exception Project developed and tested a method of conducting nursing home surveys so that the intensity of the regulatory effort was matched to the needs of particular facilities. The New York State Nursing Home Quality Assurance Program tested the simplification of the federally mandated periodic medical review/independent professional review processes in nursing homes and combined the process with the annual facility survey. Surveyors used 11 sentinal health events (SHE), such as accidents, decubitus ulcers, and medication regimen to determine if nursing home patients are receiving adequate care. Facilities found to have fewer than the average problems in these areas received a less than full facility survey. This allowed survey personnel to focus on facilities and patients with major problems. The State has indicated that it is taking more corrective actions than usual as a result of the new processes, but that fewer facilities are being cited for minor problems.

An evaluation of the Wisconsin project was conducted by Wisconsin Health Care Review, Inc. Further analyses of this project and the evaluation of the Massachusetts and New York projects have been performed under a contract with Mathematica Policy Research, Inc. The evaluation contractor will complete data collection this spring on all three projects. The evaluation will determine:

(1) the reliability and validity of the new methods compared to the old ones;

(2) the effectiveness of the new methods in eliminating or sanctioning poor quality care; and

(3) the actual and potential cost savings of the methods.

In addition, the contractor will compare and contrast the methods used in these three different projects to estimate how the quality assurance process can be improved to reduce costs and allow the States appropriate flexibility. The draft of the final report has been received and is being reviewed. The report was completed in late 1985.

In addition to these demonstrations, the Massachusetts Statistical Quality-Control Approach to Inspection of Care Project began in February 1983. The main objective of the project is to verify that patients in nursing homes are receiving appropriate care at the appropriate level, without reviewing every patent. Current law requires a review of all patients in a facility to verify the appropriateness of care and placement. This project will use statistical sampling techniques to achieve these goals so that surveyor time can be reallocated to other quality-assurance activities. Criteria have been developed for determining which facilities are appropriate for the sampling process. The procedures for sampling patients, including safeguards to control statistical biases, have been refined. The project became operational in August 1983 and will be completed in 1986. This project will have a separate evaluation.

NEW YORK STATE CASE MIX PROSPECTIVE REIMBURSEMENT SYSTEM FOR LONG-TERM CARE

The New York State Department of Social Services was awarded a section 1115 grant, effective August 7, 1983, to develop, test, and refine a Long Term Care prospective payment system based upon clusters of patient characteristics. This is a 3-year grant being conducted by the New York State Department of Health and Rensselaer Polytechnic Institute. The system will build upon the results of research conducted at Yale University which developed clusters of patients in relation to staff resources used (Resource Utilization Groups, RUG's). The purpose of the project is to promote efficiency by associating payment levels with patient characteristics which indicate the amount of actual services needed by patients.

The first step of the demonstration was to validate the RUG's by determining whether additional or different patient clusters are appropriate for New York. Data was collected on 4,000 patients and staff from 40 facilities stratified by level of care, ownership, region, size, current case mix intensity and a willingness to participate in the project. From these data, patient groups were developed using AUTOGRP (a clustering program). These patient clusters were compared to those derived at Yale, using Klastorin's techniques to demonstrate whether the same patients would be grouped in the same RUG under each system.

The second step was to analyze the nursing home resource consumption in relation to the new patient classification system. The analyses allocated total facility costs into those categories which are related to case mix and those which are not. Data from certified facility cost reports and other sources were used to calculate a dollar value per relative value unit for each RUG or case mix index value.

The third and final step in the development phase was to translate the case mix and cost information into a payment system. The State prospective payment rate incorporates: Case mix intensity, fixed cost of the group of services shared across all residents, and overhead expenses related to facility characteristics. This new payment system will be phased in for all nursing homes in New York State starting January 1, 1986.

TEXAS LONG-TERM CARE CASE MIX REIMBURSEMENT PROJECT

The Texas Department of Human Resources was awarded a section 1115 cooperative agreement effective September 30, 1984, to develop a prospective reimbursement method based on facility case mix. The reimbursement method will be designed to match reimbursement rates more closely to patient characteristics and service requirements than the present flat rate system. The project will build upon the methodologies developed in New York and other States. The purpose is to contain costs while restructuring financial incentives to allow Medicaid patients improved access and quality of care.

The first step will be development of the data collection methodology, including the revision of patient assessment instruments to collect patient characteristics and staff time comparable to New York's information. Data will be collected on 2,000 patients and staff from 50 facilities stratified by certification type, ownership, size, current case mix intensity and willingness to participate in the project. From these data, patient groups will be developed using several statistical methods for grouping patients including AUTOGRP and GOM. These patient groups will then be compared to those used in other classification systems.

The second step will be to analyze the nursing home resource consumption in relation to the patient grouping methods. Following this, selection of a classification and reimbursement system for demonstrations will be made and a demonstration project will be designed to compare cost containment, patient access and quality of care to the present system.

INPATIENT GERIATRIC RESEARCH CONTINENCE PROJECT

The Gerontology Research Center (GRC) of the National Institute on Aging (NIA) will conduct a demonstration to test whether providing bowel and bladder training to incontinent skilled nursing facility (SNF) patients can reduce the cost of caring for the patients. For the past several years, GRC has conducted a clinical study on ambulatory outpatients who suffer from bowel and/or bladder incontinence. The procedure used to assist these patients in achieving bowel or bladder control utilizes biofeedback and other behavioral modification techniques. The use of this training showed marked improvement in the majority of the patients in the study. Under joint funding from NIA and HCFA, GRC will test whether these and other training procedures will be as effective on an inpatient basis with SNF patients. The demonstration, which will run for 3 years, is expected to start training patients in December 1985.

FUTURE DIRECTIONS FOR LONG-TERM CARE DEMONSTRATIONS

During 1985, HCFA devoted substantial staff resources on the further development of demonstrations to test the cost-effectiveness of a prospective payment system for nursing homes and home health agencies. Refinement of methodologies which take into account patient case mix in setting prospective rates for nursing home and specifying the elements of per visit, per diem, and per episode rate setting approaches for home health agencies were just some of the activities accomplished in this area during 1985.

We will continue to test alternative financing schemes for long term care services, including patient-related or case mix based prospective payment and competitive bidding systems for skilled nursing facility and intermediate care facility levels of care. We also intend to test the effectiveness of innovative State, local, and private programs to promote home care by the family or by other community support arrangements, e.g., projects which focus on long term care populations such as Alzheimer's patients, AIDS victims, and institutionalized elderly or persons at risk of institutional care because they have no family network and which provide in-home or other support services (adult day care, adult foster care or shared housing) to substitute for or deter the institutional care of such persons.

LONG TERM CARE

RESEARCH ACTIVITIES

Long term care activities in the Office of Research can be classified according to five objectives: Developing prospective payment systems for long term care; promoting alternatives to long term care; assessing and evaluating long term care programs; examinng the effect of the hospital prospective payment system on long-term care providers; and supporting data development and analyses.

PROSPECTIVE PAYMENT

In the area of prospective payment, an Urban Insitute study is analyzing alternative approaches to prospective payment for Medicare skilled nursing facilities (SNF's) and has investigted administrative factors that affect the efficiency of patient-related, rate-payment systems. Analysis of the Medicare costs reports of skilled nursing facilties has shown that several proxy measures of case mix are important factors in explaining differences in SNF per diem costs. Higher costs are associated with a greater percentage of Medicare days, a higher number of admissions per bed, and greater nursing hours per inpatient day. These factors may indicate facilities with a greater orientation towards the short-term, rehabilitative Medicare patient. This project provided much of the technical analysis contained in the report "Study of the Skilled Nursing Facility Benefit Under Medicare," that was submitted to the Congress in January 1985.

Other studies related to prospective payment include analyses of case mix differences and their incorporation into payment systems and analyses of State Medicaid payment systems.

Case-Mix Studies

The escalation of nursing hme expendituеs and the demand for services make it essential that methods be developed which ensure that long term care resources, which will become increasingly scarce, be properly matched with those most in need. The current payment system has been criticized for failing to differentiate according to the resources consumed by each nursing home resident, e.g., payment is the same for patients having less intensive needs compared to patients with "heavy care" requirements. This has resulted in problems of access to care for the latter group of patients. In order to solve this problem, approriate systems to quantify the long term care needs of the elderly patient are required.

A variety of methods, including case-mix, have been designed which evaluate resource consumption of nursing home patients with the goal of developing more approriate payment systems. A University of Colorado study has provided case-mix comparisons of Medicare and other nursing home patients and comparisons of patients in hospital-based and freestanding nursing factilities. The principal findings were described in the Developments in Aging 1984 report. More detailed results are presented in a report entitled, "Nursing Home Case-Mix Differences for Medicare Versus Non-Medicare and Hospital-Based Versus Freestanding Patients."

In its final year, the project will assess the cost effectiveness of nursing home and home health care for patients with the following problems: Stroke, decubitus ulcers, congestive heart failure, urinary incontinence, and mental problems. Emphasis is being placed on comparing outcomes for these patients over time in hospital-based and feestanding nursing home care and those in nursing homes versus home health care. A report on this analysis is expected early in 1986.

A Yale Univsity project is refining their earlier work on the correlation between long-term patient charateristics and the resources required for their care. The purpose of this research is ultimately to refine resource utilization groups (RUG's) and design a case-mix system which could provide a basis for differential payments to nursing homes based on the intensity of services consumed by groups of patients with similar care needs. These payments potentially could include nursing costs and costs of rehabiliative services, such as physical and occupational therapy. This project is attempting to correct some deficiencies in the original RUG's e.g., the inclusion of some process variables, instead of just clinical variables, and reliance on subjective estimates of staff time. Unlike the prior project, it will take into account the rate at which patients' conditions change, and will develop RUG's for the rehabilitation services. A five-group RUG's model has been developed and is being revised and validated. The final report for this project is due in March 1986.

Using a data base that contains information on the characteristics and resource consumption of 1,800 Medicare patients, researchers at Rennselaer Polytechnic Institute plan to develop a patient classification system for Medicare SNF patients. The role of diagnostic variables and service/treatment variables as part of the classification system will be evaluated. This project will also begin work developing relative case-mix weights for each classification and methods for HCFA to use in comuting total weights for all resources within long-term care facilities. Lastly, the Medicare classification system will be compared to the case-mix system developed for long-term care in New York State (this project is discussed in the section on demonstrations). Data collection for this project has been completed and development of the Medicare RUG's is underway. Initial findings indicate that the Medicare RUG's will differ considerably from those developed for Medicaid patients in the New York project. The final report for this project is due early in 1986.

Medicaid Payment Studies

Several States are currently using different methods of nursing home payment for Medicaid patients, some of which incorporate case-mix. Studies are underway which are evaluating the design and implementation of these systems and their effectiveness in achieving the goals of containing costs, maintaining or improving quality and ensuring access.

The University of Colorado has a 4-year grant to compare long term care payment systems in seven States. West Virginia, Ohio, and Maryland will be used as examples of case mix States. Florida and Colorado will be studied as States with facility-specific prospective systems that do not incorporate case-mix directly but still treat direct patient care costs separately from other cost centers. Texas and Utah will be used as States that utilize class rates for either the entire payment rate or the noncapital rate components. Data sources for this study include primary data gathered from the facilities and from patient samples, as well as secondary sources such as cost reports. Results are expected in 1988.

The University of Southern Maine is studying the recently implemented nursing home prospective payment system in Maine. The study will conduct a 3-year preprospective payment and 3-year post-prospective payment impact analysis on cost, quality and access. Results are expected in early 1987.

PROMOTING ALTERNATIVES IN LONG-TERM CARE

Research activities in this area can be classified into two major divisions: community-based altenatives to institutional care; and alternatives to current financing mechanisms of long term care.

Community-Based Alternatives

While nuring home care is appropriate for a small subset of the elderly population, evidence indicates that a substantial proportion of those who have been institutionalized could have continued to reside in the community with adequate support. Most aged persons with functional limitations prefer to remain in the community as long as possible. Noninstitutional approaches are being developed with the objectives of avoiding or delaying unnecessary institutionalization, maximizing the independence and well being of the elderly, and providing care in the most cost-effective manner.

Current studies focusing on community-based alternatives to institutional care include such issues as family caregiving, utilization of home health services, determinants of public and private contribution in long term care provision.

A study by Abbott Northwestern Hospital is replicating the methodology used in another HCFA funded study (Hunter College, 1982) to examine the family caregiving system of the elderly in Minnesota. Unlike the Hunter College project, the sample for this study will be drawn from hospital patients rather than from clients of home health and other community based agencies. It will also include rural as well as urban residents. Detailed data has been collected on the caregiving experiences of families of disabled elderly which will permit this project to assess the impact of formal support systems, such as health and social services, on the provision of home care. In the past year this study was expanded to include a nursing home sub-study in which data will be gathered on 150 hospital patients who are discharged to nursing homes and their caregivers. Results are expected in late 1986. The data for this project have been gathered and preliminary data analyses are underway. A final report is expected in early 1987.

The Community Service Society examined the effects of provision of home services programs to functionally disabled adults in New York City. The final report was received in July 1985. This study found that nearly half of the most disabled study subjects who were living alone did not have formal home services in place at hospital discharge. The report recommends stronger discharge planning in hospitals. It also identified a need for improved respite care services for informal supports who live with the care recipients and provide extensive help. The findings indicated that, of those needing help with various Activities of Daily Living and Instrumental Activities of Daily Living tasks, over 90 percent reported receiving some help with all but three tasks (going outside, traveling short distances, and heavy housework). Subjects receiving formal services tended to report high levels of satisfaction with the care they received.

The University of Maryland is examining determinants of public and private contributions to long term care of the elderly who are disabled by hip fractures. The impact of family size and composition, social support, family economic resources, and the aged individual's physical and mental health will be analyzed in terms of the decision to enter a nursing home or return home. The results are expected in late 1986.

Alternative Financing Mechanisms

With the rapid escalation of public expenditures for long term care and the projected growth in the elderly population, many different alternatives to current financing mechanisms are being investigated. Two studies have recently begun which are examining the potential for increased family support, either through tax incentives or cost sharing under family responsibility laws. The market for long term care insurance is also being assessed. Another area being examined is the use of life care centers as a private financing mechanism for long-term care services. HCFA's interest is whether Medicare and Medicaid service use and costs are lower for life residents than for comparable community residents.

In the first study, the Center for Health and Social Services Research is evaluating four State tax incentive programs (Idaho, Iowa, Arizona, and Oregon). The purpose of this project is to study selected State tax incentives that are believed to stimulate the informal caregiver system and reduce either current or anticipated demands on the formal long-term care system. Specific objectives are: (1) to describe and analyze tax incentives that have been implemented in selected States; (2) to develop a predictive model to identify those persons in the general elderly population and their informal caregivers who are likely to take advantage of tax incentives; and (3) to determine the potential impact of the tax incentive programs in preventing or delaying institutionalization. Results are expected by the end of 1986.

The second study by the Hebrew Rehabilitation Center for the Aged is studying the potential of alternate payment schemes for long term care by children of elderly. The research will: (1) provide an estimate of children's resources available to share in the cost of long term care; (2) assess the attitudes of those children towards family responsibility proposals for sharing long term care costs; and (3) assess the market for long term care insurance. Results are expected in late 1985.

The Office of Research has provided support to two projects examining various aspects of long-term care insurance. The first project, sponsored by SRI International, is reviewing and analyzing models for private sector financing of long-term care, focusing on methods that Federal and State governments and the private sector might use to encourage new approaches. The project will identify actions that Federal and State governments and the insurance industry can pursue to encourage the development of the market for different forms of long-term care insurance. The project report will be issued in December 1985.

The second project is the National Association of Insurance Commissioners (NAIC) task force on long-term care insurance. This effort will consider such issues as: (1) appropriate policy design and pricing; (2) existing statutory and regulatory barriers to development of this market; (3) desirability of legal changes, including tax incentives for fostering growth; and (4) need for, and design of, educational efforts to understand long-term care coverage and risks. The Office of Research and the Office of Legislation and Policy have provided support by describing the needs for actuarial data for development of long-term care insurance policies and by developing an inventory of what data is actually available. The NAIC task force report is expected in June 1986.

In the life care area, Duke University is conducting a study which will compare life care residents with community residents over time with respect to functional status and health service utilization and costs. The study will analyze existing longitudinal data collected from a life-care facility in North Carolina and from the General Accounting Office survey of elderly people in Cleveland, OH. Study results are expected in early 1986.

The Hebrew Rehabilitation Center for the Aged has begun an evaluation of life care communities. Major issues which this study will address are: (1) the types of elderly that enter life care communities; (2) the costs of services within the various types of life care communities and their comparison with costs of services within the community; (3) the differences in the use of formal health care services between elderly residents of life care communities and a similar population living in the community; and (4) the comparison of life satisfaction and longevity among the elderly in life care communities and among community-based elderly.

Data will be gathered from 20 life care communities in four States (Arizona, California, Florida, and Pennsylvania). Three types of life care community residents will be sampled: new admissions, existing tenants and tenants who died just prior to the data collection period. For all but the termination sample (where there is a separate questionnaire), quality of life and service utilization data will be gathered for two points in time. Three types of comparison samples of elderly living in the community will be used. Results are expected in early 1987.

PROGRAM ASSESSMENT STUDIES

Medicare Studies

Another group of research studies investigate specific aspects of Medicare long-term care policies. For example, as requested by Section 904C of the Omnibus Budget Reconciliation Act (OBRA) of 1980, the University of Colorado is conducting the evaluation of the "swing-bed" program under Colorado is conducting the evaluation of the "swing-bed" program under Medicare and Medicaid. The swing-bed option is open to markets with fewer than 50 beds located in rural areas with a shortage of long-term care resources. Among the issues to be examined in this evaluation are: the effect of such programs on availability and effective and economical provision of long term care services; whether such programs should be continued and whether eligibility to participate in the program should be extended to other hospitals, regardless of bed size or geographic location, where there is a shortage of long term care beds. Results are expected in mid 1986.

ORD is continuing work on three studies concerning coverage and reimbursement of home health services. Two studies, mandated by Public Law 96–499, the Omnibus Reconciliation Act of 1980, assess Medicare home health coverage for respiratory therapy and registered dietitian services. The third study, mandated by Public Law 97–414, analyzes current and alternative payment methodologies for home health services. All three studies will be submitted to Congress during 1986.

In October 1982, Congress expanded the Medicare benefit structure to include hospice care and created a new type of provider—hospices. The hospice benefit was authorized only to October 1986. HCFA is evaluating the program experiences with the hospice benefit. Studies are addressing the issues of whether the coverage provisions of the benefit and the reimbursement methods are fair and equitable and promote the most efficient use of hospice care. The evaluation will analyze hospice costs, Medicare expenditures for hospice services, and the impact on the use and expenditures for other Medicare-covered benefits. An initial Report to Congress prepared by the Bureau of Eligibility, Reimbursement and Coverage is due January 1986; a more comprehensive report to be prepared by ORD is scheduled for January 1987.

Medicaid and Other Public Programs

In recent years, a number of different programs have been initiated by State and Federal Governments to improve the delivery and financing of long term care services. There are several projects underway to assess such programs.

The University of California at San Francisco will examine the effects of State Medicaid discretionary policy actions since 1981 and their effects on program utilization and expenditures for the nursing home market. It is a follow-on to a study previously funded by HCFA. The new study will update the existing data base and focus on both the aged and the disabled Medicaid populations who use these facilities. Results are expected in late 1987.

Another program assessment study involves the mentally retarded and developmentally disabled (MR/DD). The intermediate care facilities for the mentally retarded (ICF/MR) is one of the fastest growing benefits in the Medicaid program. The University of Minnesota is updating the only national information system on long term care services of the mentally retarded and developmentally disabled. National surveys of residential facilities and State statistical offices have been conducted to monitor deinstitutionalization trends. The draft final report from this project has been received. Findings indicate that States vary remarkably in the total size and charactersitics of their ICF/MR programs, in the proportion of their residential care systems certified for the ICF/MR program, and in the growth/reduction of their ICF/MR programs between 1977 and 1982. ICF/MR expenditures (both Federal and State) were the fastest growing component of both State residential care and Medicaid long-term care expenditures. Early increases in ICF/MR expenditures (pre-1977) were due more to increases in total recipients of care than to increases in per recipient costs. About 70 percent of the increase in program costs from 1977 tc 1982 can be attributed to increasing per diem costs. Other findings were that the ICF/MR population is more severely impaired than it was in earlier years and that there is a continuing trend toward less institutional models of care.

In 1983, HCFA's Office of Research and Demonstrations began a 3-year project to assess the changes made in the Medicaid program as a result of recent legislation. The Medicaid Program evaluation will focus principally on program changes since the Omnibus Budget Reconciliation Act (OBRA) of 1981, an Act which considerably increased State flexibility in determining eligibility, reimbursement, and coverage under the program.

Issues for study were selected by interviewing over 40 Medicaid policy-makers regarding evaluation needs. They key components of the evaluation are:

a. Home and Community Based Waiver Program

Under Section 2176 of OBRA 1981, States under a waiver may institute a variety of home and community based services to individuals who "but for" the waiver would be in long-term care institutions. The major questions are: (1) Has the program reduced institutionalization? (2) Has the program reduced costs? (3) Has there been cost shifting from other programs, specifically title XX of the Social Security Act and Title III of the Older Americans Act? (4) Can we identify the elements of a successful program? This phase of the evaluation is being conducted by LaJolla Management, Inc. A Report to Congress on preliminary results of the evaluation was completed in 1985.

b. Financial Incentives for Family Care

Several States provide financial support through direct payments or tax incentives to family members to help them to care for their elderly relatives in the home. The major questions are : (1) What programs are in operation? (2) What have been their costs and savings? (3) Who are the beneficiaries of such programs, and what are their characteristics? (4) What are the characteristics of functionally limited persons living in the community which permit them to avoid institutionalization? (5) What are the characteristics of successful programs? Systemetrics, Inc. and LaJolla Management, Inc. are conducting this part of the evaluation.

c. *Inpatient Hospital Reimbursement*

To help bring hospital costs under control, OBRA 1981 granted the States new flexibility in the establishment of inpatient hospital reimbursement methods. Major questions are: (1) What responses have States made to the options permitted by Federal law? (2) Have reductions in expenditures resulted? (3) Specifically, what has been the impact of the California program? Two other State programs will be studied for comparison. (4) What have been the effects on recipients and providers of care? (5) Have costs been shifted to private payors? (6) To what degree and in what ways has the implementation of Medicare prospective reimbursement impacted State Medicaid programs? Abt Associates is conducting this part of the evaluation.

d. *Freedom of Choice Waivers*

Under Section 2175 of OBRA 1981, States may institute a variety of programs (with and without waivers) to reduce costs by limiting the provision under Medicaid which guarantees freedom of choice of provider. Major questions are: (1) How have the States responded to this provision? (2) Have there been program savings? (3) How have access to and quality of health care been affected?

e. *Eligibility*

OBRA 1981 contained several changes which directly and indirectly reduced the number of persons eligible for Medicaid. The major questions are: (1) How have the States responded to these provisions? (2) How have eligibility changes in related program (AFDC and SSI) affected Medicaid enrollment? (3) How have entitlement and expenditures been affected? (4) How has the reduction in Medicaid coverage affected other assistance programs, out of pocket expenditures, and costs to hospitals and other payors?

f. *Cost-Sharing*

Under TEFRA 1982, States are permitted to impose nominal copayments, with certain limitations, to reduce program outlays and to instill cost-consciousness on the part of the recipients. Major questions that arise are: (1) How have the States responded and (2) What has been the effect of copayment on utilization and costs?

g. *Federal Financial Participation*

OBRA 1981 provides for the reduction of Federal matching funding for 3 years, beginning October 1, 1982, subject to certain exemptions. The major questions are: (1) Which States were exempted from the reductions and for what reasons? (2) How much did the Federal Government save? (3) How did the States adjust to reduced funding?

h. *Subsequent Legislation*

The principal legislative change since OBRA has been medicare prospective payment. Impacts on Medicaid will be addressed.

i. *Synthesis*

A final task of the evaluation will be an interpretive synthesis of the study results.

Evaluation components d. through h. are being conducted by James Bell and Associates. The project will produce interim and final resports on all studies. The completed Report is expected to be available at the end of 1986.

Expansion of the Role of Nurse Practitioners

HCFA is also investigating the expanded role of nurses in the long term care area. A study by the Rand Corportion is evaluating the potential of the use of geriatric nurse practitioners (GNP) for improving outcomes of care and containing costs in skilled nursing facilities. Rand is assessing this potential by evading the effects of the Mountain States Health Corporation's GNP demonstration project. Thirty nursing homes that have a GNP are being compared with 30 nursing homes that did not have one on four points: patient outcomes, process of care, nursing home costs, and history of certification deficiencies. Results of this study will be available in late 1986.

IMPACT OF HOSPITAL PROSPECTIVE PAYMENT ON THE LONG TERM CARE SYSTEM

The hospital prospective payment system (PPS), based on fixed payments for diagnosis-related groups, provides incentives to limit costs for each Medicare patient by controlling the amount of services provided or limiting the hospital length of stay or both. Such incentives can potentially affect the long-term care system in several ways. Hospitals may respond by shifting care to settings outside the hospital. This shift to other settings may be appropriate for those with less intense service requirements and may result in cost savings for the health system. However, it is also possible that patients may be prematurely discharged from the hospital and the alternative settings may not be able to serve these patients' needs adequately. There may not be overall cost savings because of a greater number of patients being discharged to long-term care settings and more intensive services being required. Several studies have begun which examine effects of the hospital PPS on long-term care providers.

The purpose of a study being conducted by Georgetown University is to (1) determine how much the hospital PPS shifts care from the hospital to skilled nursing facilities (SNF's) and to home health providers; and (2) analyze the impact of this shift on total costs to Medicare and on changes in SNF characteristics that are likely to increase use by Medicare beneficiaries in the future. Medicare claims will be analyzed to determine how PPS has affected total service use (hospital, SNF, and home health) and costs for hospitalized patients. In addition, SNF's will be surveyed to identify changes in nursing home patients, services and market structure likely to affect Medicare use. The survey will be supplemented with data from the Medicare Medicaid Automated Certification System, SNF cost reports and other sources. Results are expected in early 1988.

In June 1985, the scope of the evaluation of the swing-bed program being conducted by the University of Colorado was expanded to include an assessment of the impact of the hospital prospective payment system (PPS) on the program. The swing-bed concept directly affects the continuum of care decisions at the hospital/skilled nursing facility interface. It is at that point where the affects of PPS are most likely felt. Expanding the scope of the original evaluation will provide a focused analysis of the effects of PPS at this point of impact. Since the institution of PPS, there has been a rapid growth in the number of hospitals offering swing-bed services. The report on this aspect of the evaluation is expected in November 1987.

Another study by the University of Colorado will collect case mix data during 1986 to permit an analysis of changes in nursing home and home health case mix since the introduction of the Medicare prospective payment system for hospitals in 1983. In 1983, the University of Colorado sampled 600 patients in high-volume Medicare skilled nursing facilities in five States (California, Pennsylvania, Ohio, Michigan, and Texas), and 600 non-Medicare patients in hospital-based and freestanding nursing homes in 10 States (Arkansas, California, New York, Michigan, Minnesota, Colorado, Florida, Virginia, Pennsylvania, and Ohio). The 1983 data will serve as baseline case mix information for comparison with the 1986 data. The study results are expected in early 1987.

DATA DEVELOPMENT AND ANALYSIS

In the past, information on the health status and health care utilization of the long term care population has been drawn almost exclusively from cross-section surveys, such as the National Nursing Home Survey. While useful, cross-section data have limitations. Two longitudinal survey efforts will provide a better picture of the transitions of disabled elderly living in households and of institutionalized patients.

Longitudinal Surveys and Analyses

The Long Term Care Survey interviewed 6,000 disabled elderly living in households in 1982 to determine the extent of their dependencies, utilization of both informal and formal services, and their income and assets. Descriptive reports will be produced beginning in the Spring of 1984. Currently planned are reports on demographic characteristics, ADL's and IADL's, formal and informal supports services, and income and assets. A paper giving a descriptive profile of the aged functionally impaired persons in the community in 1982 is planned for the Spring 1986 issue of the Health Care Financing Review. In 1984, these same persons were resurveyed to determine how they have fared since 1982. The resurvey will enable us to identify the most important factors that enable persons to remain in the home. In addition, those persons who were in institutions as well as persons who were not previously disabled will be included. This entire sample should provide a total picture of the functionally impaired elderly.

A survey of persons using long-term care facilities, particularly nursing homes, facilities for the mentally retarded, and psychiatric hospitals, will be a key part of the Institutionalized Persons Components of the 1987 National Medical Expenditure Survey (NMES). This survey will obtain data on the use of health care services in 1987 by persons who were resident in long-term care facilities on January 1, 1987 and those who are subsequently admitted to these facilities. The data on the use of and expenditures by these persons for health care services in 1987 will include those used prior to, during, and subsequent to their residence in a long-term care facility. This survey will provide the most comprehensive data on the use of and expenditures for health care services of persons requiring long-term care.

Longitudinal analysis and projections are also being conducted under a grant to Duke University. The grantee has developed state-of-the-art statistical methods for using mortality data to estimate and project the incidence of specific chronic diseases (e.g., cancer). The grantee will use HCFA-sponsored survey data, including the Long Term Care Survey, to forecast future changes in health status of the aged population and service needs.

A Harvard University project which was funded in July 1984 collected the fourth series of self-reported information from the Massachusetts Health Care Panel Study cohort. The cohort consists of persons who were in 1974 selected in a statewide probability sample of persons 65 years of age or older. Harvard is analyzing the data from each series of interviews to determine indications of functional decline prior to death, predictors of long-term institutionalization, and interrelationships among physical, behavioral, and social characteristics and subsequent health care and social services use and mortality.

Other HCFA Data Activities

Other HCFA data activities planned for 1984 include reports on long term care services and development of national Medicaid statistical systems.

Certain information concerning long term care services is routinely abstracted from the Medicare claims payment system and reported by HCFA. These are long stay hospitals, skilled nursing facilities, and home health services. Data relate primarily to length of covered stay, amount reimbursed for services, and types of facilities. Trend data is routinely available for these items.

HCFA is continuing work to enhance national Medicaid statistics by obtaining person-level data from state Medicaid Management Information Systems (MMIS). Major project goals include the development of uniform data sets among participating states; production of standard reports describing enrollment, use and expenditures under Medicaid; and support for special studies that focus on important policy, program management or other research issues for Medicaid. HCFA has obtained MMIS data from five States: California, Georgia, Michigan, New York, and Tennessee for the years 1980 through 1982 and is requesting data for 1983 and 1984. Data are extracted for enrollees, providers and claims for all types of Medicaid services, including long term care. In general, these data will be used to analyze expenditures and utilization of long term care services and to study the total care provided to institutionalized individuals under Medicaid. Several analyses are underway to study the older aged population (85 years and older), multi-State analysis of expenditures and utilization of long-term care by the aged, transitions from inpatient hospital to long-term care, and aged persons with hip fractures.

PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

National Institute on Alcohol Abuse and Alcoholism

Alcohol problems among elderly Americans are of increasing concern. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports research to determine the incidence and prevalence of alcoholism and alcohol abuse among elderly and to gain a better understanding of the causes and consequences of problem drinking in this population. The following activities were carried out during fiscal year 1985.

NATIONAL ALCOHOL RESEARCH CENTER ON THE ELDERLY

The NIAAA supports for a third year a National Alcohol Research Center at the University of Florida which focuses on the causes and consequences of alcohol abuse in the elderly. Eight separate research activities are conducted at the Center. Social, psychological, and biological antecedents are examined in various subpopulations of human subjects. Also, animal studies are undertaken to evaluate the interaction between alcohol abuse and aging in producing pathological changes in organ systems. This research is carried out in collaboration with the University's Center for Gerontological Studies. The eight components for this center are:

—Two epidemiological/etiological studies: (1) Data collected on the prevalence and incidence of alcohol abuse among elderly individuals in Florida and comparisons are made with other age groups; (2) a social-psychological theory of alcohol behavior among the elderly is developed and tested longitudinally.

—Changes in drinking behavior after retirement: A longitudinal prospective study for measuring human time allocation to alcohol consumption and other activities is developed for use in a sample of retired persons. Postretirement changes in drinking behavior are related to preretirement activity patterns.

—Human autopsy study: Histology, synaptic receptors, membrane structures: The combined and separate effects of alcohol and aging are investigated at the cellular level using brains obtained during autopsy from aged and younger subjects.

—Comparisons of changes in aging human and rat cells induced by ethanol: Membrane fluidity (structure) and phosopholipid metabolism are examined in human and rat blood and mast cells during aging and in connection with alcoholism after baseline values are correlated with physiological and psychological data obtained from human subjects.

—Development of model of chronic alcohol administration in aged rates: A model of chronic alcohol abuse is developed in an aging inbred rat strain to investigate the hypothesis that chronic alcohol administration results in severe pathological effects on the tissues of the aged animals.

—Chronic effects of alcohol and aging; autonomic control of the heart: Ethanol-induced anatomical, electro-physiological, mechanical, and receptor mediated changes are examined in the hearts of adult and old rats to develop an animal model for alcohol-induced heart disease with aging as a compounding risk factor.

—Alcohol-aging interactions in rat hippocampus: The rat hippocampal region of the brain is used as model system to compare the pathological changes in neuronal morphology and function induced by chronic ethanol exposure in young and aged animals.

GRANT PROGRAM IN ALCOHOL PROBLEMS AMONG THE ELDERLY

NIAAA in collaboration with the National Institute on Aging (NIA) and the National Institute of Mental Health (NIMH) organized and conducted a workshop on the Nature and Extent of Alcohol Problems Among the Elderly. The workshop held in November 1983, with subsequent publication and distribution of the proceedings, was seen as an important first step in encouraging increased research effort in this area. As an outgrowth of the workshop, two applications for grant supported studies have been awarded. One of these is a 20-year follow up study focusing on the impact of alcohol use and abuse on the aging process and is intended to provide estimates of alcohol-related morbidity and mortality in a population as it ages. (Room:-AA 06580–01) The other is a 5-year project which will examine the influence of life stress and coping skills on excessive drinking among adults. (Moos: AA 06699–01) On-going efforts to stimulate grants in the area of aging also have resulted in the submission of two additional scientifically meritorious applications which will be eligible for support in 1986.

NIAAA continues its efforts to stimulate additional grant supported studies in areas which remain underdeveloped, such as: alcohol-prescription drug interactions among the elderly and treatment efficacy studies of elderly alcoholic persons.

MEDICARE AND MEDICAID ALCOHOLISM TREATMENT DEMONSTRATION

The NIAAA and the Health Care Financing Administration continued a 4-year demonstration in six States of extending benefits to include alcoholism treatment services in outpatient and nonhospital residential treatment programs. Presently Medicare and Medicaid generally do not reimburse for alcoholism treatment in other than a hospital setting. Nonhospital settings for treatment are significantly less expensive and more widely available.

Under the demonstration, initiated in fiscal year 1981, alcoholism treatment services are being provided by almost 80 programs in the following States: Connecticut, Illinois, Michigan, New Jersey, New York, and Oklahoma. Connecticut and Oklahoma are demonstrating the expansion of covered services under Medicare only and the program in Oklahoma has an Indian patient emphasis.

The Medicare component of the demonstration ended September 29, 1985; new Medicare clients may come into the demonstration until May 1985. The end dates for the Medicaid component vary, depending on when the grantees began the demonstration, i.e., Michigan and New York and their participation in November 1985; New Jersey, Oklahoma, and Connecticut in December 1985; and Illinois in January

1986. New Medicaid clients may enter the demonstration no later than 6 months before the demonstration ends within each of the States.

The total amount reimbured to Medicare clients from July 1982 through February 1985 was $3,474,964. During the first year of the demonstration, an average of $43,371 was reimbursed each month. The average reimbursement for each month of the second and third years was $122,476 and $185,560 respectively. A total of 2,402 Medicare clients participated in the demonstration through February 1985, of whom 1,318 (55 precent) were over 65 years of age and 1,084 particiapnts (45 percent) were under 65. Data regarding the Medicaid participants is neither as complete nor as current as for the Medicare participants because the information must be obtained from each of the State information systems rather than from centralized files as is the case for Medicare data. For the first eight quarters of the demonstration, i.e., July 1982 through June 1984, there were 5,340 Medicaid clients participating in the demonstration. In regard to Medicaid reimbursement, $3,985,528 were reimbursed from July 1, 1983, through June 30, 1984.

An evaluation of the demonstration results is ongong and will determine the extent to which the following demonstration objectives are met:

—Provide payment for alcoholism treatment in freestanding facilities.
—Assure, through quality control, a system of effective and efficient service.
—Provide appropriate treatment emphasizing nonphysician personnel.
—Document the role of nonphysician personnel in treatment administration.
—Develop beneficiary awareness programs appropriate to the populations served.
—Provide ready access to services to all eligible persons in target area.
—Analyze and evaluate all available data under separate evaluation contract.
—Recommend, based on demonstration, revisions in current Medicare and Medicaid legislation and policies that will result in lower cost delivery of quality services.

EPIDEMIOLOGIC RESEARCH

The NIAAA collaborates with the National Center for Health Statistics (NCHS) in the collection of alcohol-specific data. Two surveys, initiated in 1983, are prividing valuable information on the prevalence and nature of alcohol problems among the elderly.

(1) The HANES I Epidemiologic Followup Study: The NIAAA collaborates with NCHS on an ongoing basis to collect alcohol use data in their Health and Nutrition Examination Survey series (HANES), with special focus relating to the elderly. A cohort of 14,407 individuals who participated in the HANES I in the early 1970's was reinterviewed about health practices, habits, and health problems over the intervening 10-year period. Those lost to followup because of death have been included in the analysis. Cause of death and contributing conditions as well as proxy information about the descedents has been compiled. This survey is yielding important longitudinal information about alcohol problems and health effects. This survey, spearheaded by the National Institute on Aging (NIA), significantly oversampled the elderly, thus providing valuable information on changes in drinking habits with age as well as related health consequences. The complete data tapes became available in mid-1985 and a number of analyses have been initiated including trend analysis relating specific drinking patterns to particular long term health outcomes. The inclusion of proxy repondents for decedents has allowed analyses of dietary intake, lifestyle habits, and pre-existing or chronic morbid conditions in relation to both cause of death and to life expectancy. Current analyses are focusing on the determination of specific risk factors and their contribution to premature death.

(2) National Health Interview Survey (NHIS), 1983 Alcohol Supplement: This survey, initiated in 1983, was administered to over 25,000 randomly selected adults and represents the largest, most comprehensive survey of its kind ever conducted. The data tapes became available in early 1985 and this study is providing important baseline information about the basic attitudes and alcohol consumption patterns of our society. Due to the magnitude of the sample size, this data is also being used to generate regional level analyses. This information is allowing us to develop baseline estimates of alcohol consumption, alcohol-related health and social problems, hosptalization rates, and estimates of changes in drinking patterns over time for a wide range of age groups differentiated by race and sex. Since over ten percent of the population surveyed was 55 years of age and older, this study is providing additional important data on the elderly.

(3) The National Mortality Followback Survey, 1986: NIAAA is collaborating with NCHS to study the health status and medical services received during the last year of life of a selected sample of individuals expiring during the calendar year 1986.

Factors to be examined include lifetime as well as recent alcohol consumption which can then be correlated with causes of death and other contributing conditions. Since the vast majority of deaths occur among the elderly, this segment of the population will be well represented in this study, affording the opportunity to study alcohol-related conditions in the aged. The survey instrument is currently being redrafted following the pilot test and will be fielded in early 1986.

NATIONAL INSTITUTE ON DRUG ABUSE

The National Institute on Drug Abuse (NIDA) has the following current activities relating to the elderly:

- —The University of California at Berkeley has a NIDA grant to examine the ways elderly people cope with stress. The study identifies cases of drug abuse, evaluates sources of stress, as well as the resources and styles of coping for the drug using and non-using elderly.
- —NIDA is providing technical assistance to the National Institute of Mental Health (NIMH) Epidemiologic Catchment Area study for the analysis of their data to study drug abuse among the elderly and some of the psychological correlates of abuse.
- —Duke University is continuing to study drug effects in an elderly population under a NIDA grant. A recent progress report included a series of studies evaluating the performance effects of diazepam (valium), a commonly prescribed minor tranquilizer. The evaluations included psychomotor tasks being performed by the elderly subjects ranging in age from 59 to 76 years old. Most of the tasks in this study assess ability similar to those used in daily activities, such as in driving, especially during the first hour after drug ingestion.

NIDA continues to disseminate the following publications dealing with the elderly:

- —*Elder-Ed—Using Your Medicines Wisely*—an education program for older Americans for the prevention of medication misuse.
- —*Drug Taking Among the Elderly*—reports on a study to explore the dangers of drug misuse among older persons.
- —*Drugs and the Elderly Adult*—contains an extensive bibliography, abstracts of important articles, and summaries of content areas relating to drug abuse and the elderly.

NIDA's elderly-related activities now include the Elder-Ed film entitled "Wise Use of Drugs: A Program for Older Americans" which is available from NIDA's free loan collection. The film is a three-part, 2-hour drug use education program for the elderly and includes:

- —drug problems, communicating with doctors;
- —buying drugs wisely;
- —taking drugs carefully, focus on healthy aging.

A group leader's guide and copies of "Using Your Medicines Wisely" are included with the film.

NATIONAL INSTITUTE OF MENTAL HEALTH

Mental Health Services for the Elderly

The Alcohol and Drug Abuse and Mental Health Services (ADMS) Block Grant allows each State to decide, within broad guidelines, which mental health services are to be provided, to whom, and in what areas. The State is able to set priorities for use of Federal funds in areas determined appropriate and for population groups determined to be most needy.

The ADMS Block Grant references serving the needs of the elderly in community mental health programs through block grant funds. The legislation reauthorizing the program in 1985 also established a mental health demonstration program for grants to States and local entities to demonstrate innovative service systems of care to the elderly, the chronically mentally ill and for children. While the NIMH has operated a demonstration program for the chronically mentally ill and for children in the past, this was the first time Congress directed the development of a demonstration program that included the elderly.

MENTAL DISORDERS OF THE AGING BRANCH

In the Fall of 1985 a full-scale reorganization of the National Institute of Mental Health (NIMH) was implemented. In this reorganization, the NIMH commitment to a broadly focused program on mental disorders of later life was reaffirmed. The

Center for Studies of the Mental Health of the Aging was retitled the Mental Disorders of the Aging Branch; this change in title reflects a standardization of organizational nomenclature and not a change in program scope or focus. A broad spectrum of research in the biomedical and behavioral sciences and in mental health services will continue to be supported. The Branch administers a comprehensive and coordinated program of research, research training, and clinical training and will continue to support the Clinical Research Centers on the Psychopathology of the Elderly as well as the Geriatric Mental Health Academic Award and other career-development programs.

The Mental Disorders of the Aging Branch is the focal point for the support of aging programs at NIMH. The Mental Disorders of the Aging Branch stimulates and supports research; the training of researchers and clinicians; the development and dissemination of information to researchers, clinicians, and the public; and consultation with service planners and providers over the design and delivery of mental health services to the elderly. The goal of these programs is the integration and mutual reinforcement of research, education, and services consultation around particular themes and center priorities such as the major mental disorders, health and behavior, and family stress and burden. As a national resource, the goals of program development activities continue to be:

—Leadership in anticipation and stimulation of significant research directions;
—The development of collaborative activities whereby the full power of Institute and PHS program perspectives could be brought to bear upon issues of mental health and aging; and
—The contribution of research and clinical insights to the policy processes around such diverse issues as: reimbursement, service development, and the design of policy relevant demonstrations.

A major thrust of the Branch program has been collaboration with the pharmaceutical industry, corporations, foundations, and other private sector programs in the development and support of research and the dissemination of materials and information. This type of program orientation is built upon aggressive outreach and stimulation of particular types of research by the Branch staff and strong promotion, guidance, and consultation over particular directions of research. Staff involvement has resulted in a comprehensive and well-articulated research program which would be unattainable through more reactive channels relying strictly upon investigator-initiated applications to determine the direction for the program.

In fiscal year 1985 the core program budget of the Branch was increased nearly 20 percent to $8,094,281 for research grants and contracts; $345,084 for postdoctoral research training grants; and $1,807,745 for clinical training grants. As a result of the reorganization, several additional projects were assigned to the Branch, thus increasing the resources of the Branch beyond these base figures.

In the coordination of all support mechanisms the Branch provides special situations where research, research training, clinical training, and the clinical practice that accompanies such training are mutually supportive and interact to produce important advances in the field. The close ties between research, education, and practice in aging and mental health have enriched the field and provided significant impetus for program development.

Core Program Budget Fiscal Year 1985 (total costs)

	Amount
Research Program:	
Clinical Research	$1,337,539
Treatment Assessment	1,234,243
Services Research	823,032
Psychosocial Research	1,746,740
Geriatric Mental Health Academic Award	806,756
Clinical Research Centers	1,608,407
Contracts and Reimbursables	497,564
Research Training	345,084
Clinical Training	1,807,745

This report provides information on program developments in the area of research, research training, and clinical/services training, and also provides information on developments in mental health services to the elderly.

Program Activities

In the past year, substantial advance has been made in the development of aging research in mental health. Significant progress continues to be made in the area of Alzheimer's disease. The Department-wide Task Force, chaired by the Assistant Secretary for Health and staffed by NIMH, continued its investigation of the field. This increased attention to Alzheimer's disease has involved NIMH in a variety of efforts, both within the Branch program and that of other branches of the Institute, and also in collaborative efforts with the National Institute on Aging (NIA) in the development of a Request for Applications for Alzheimer's Disease Research Centers in the past 2 years.

In addition, in accordance with an initiative developed with the NIMH planning process, a special announcement soliciting applications for research on mental illness in nursing homes was issued in fiscal year 1985; the first approved applications in this area were funded in 1985 but the major impact of the RFA will be seen in fiscal year 1986. A second announcement, soliciting research on family stress and the care of Alzheimer's disease victims was developed in response to Congressional action and was issued in April 1985.

These are the first area-targeted announcements in aging issued by NIMH, and, though it is much too early to assess their impact, it is clear that each has been the focus of great excitement and interest in the research community. An unexpectedly large number of applications has been approved.

The foundation or infrastructure of the broad area of mental health and aging has been advanced through a number of efforts. In research training, postdoctoral training programs were expanded to increase the number of new investigators in the field. The Geriatric Mental Health Academic Award is now held by 12 psychiatrists and 5 nurses—these awards are to facilitate career reorientation for faculty interested in moving to a more research-focused role within their department or school. In addition, in fiscal year 1985, two new Clinical Research Centers on Psychopathology of the Elderly were established.

Two conferences were held in fiscal year 1985. The first, "Alzheimer's Disease: A Conference for Families," was held in collaboration with the Departmental Task Force and the Alzheimer's Disease and Related Disorders Association and was the occasion for the Secretary's launching of the NIMH initiative on family stress and the care of Alzheimer's disease victims. The second conference, "Mental Health Services Research for the Elderly" was held in collaboration with the National Association of State Mental Health Program Directors. The papers from this conference are being reviewed and will be used to establish an agenda for further research in this area.

In sum, the program on the aging continued to grow and to move into new areas in fiscal year 1985. Work in several areas was strengthened, and several new initiatives were advanced. The basic structure of the field was addressed, and research resource issues of a variety of kinds were promoted. The fundamental structure of the Aging Branch program was strengthened through reorganization this year, and the commitment to coordination and collaboration held steady. While concentrating on several issues, e.g. Alzheimer's disease, health and behavior, treatment assessment, and family stress, spread and diversity in the program were maintained through collaboration. Several collaborative mechanisms were used; all involved supplementing ongoing grants or cooperative agreements to add an elderly subject group to an experimental protocol, or to oversample the elderly in community surveys of adults, or they involved sharing the costs of certain projects that had major focus on the elderly. These arrangements have consumed a substantial proportion of the Aging Branch research allocation each year and have succeeded in effectively multiplying the commitment to aging research in the institute.

Program Guidelines

The research program of the Mental Disorders of the Aging Branch is divided into four general areas of support: Clinical research, treatment assessment studies, services research, and prevention and behavioral studies. The Branch supports those studies which have a primary focus on the mental health and illness implications of the aging process and of old age. A wideranging multidisciplinary set of theoretical, applied, and policy studies is funded. Almost all of the Institute's research support programs are involved in the NIMH/ADAMHA-wide, coordinated effort. In this way, NIMH has not only mounted a targeted effort to address issues in aging through its Aging Branch but has also brought the strengths of all its generic programs to bear on mental health and aging programs. In addition, the Branch is active in stimulating collaborative efforts between different Federal programs and agencies. Diverse strengths and resources are brought together through the program coordination plan developed by the Branch. The Branch research program emphasizes the following subjects:

—Causes, treatment, and prevention of Alzheimer's disease, senile dementia, and related disorders—with attention to differential diagnosis and memory-enhancing agents.
—Causes, treatment, and prevention of depression in older persons—including investigations of the relationship of depression to suicide, alcoholism, medical disease, and other behavioral disorders.
—Psychopharmacology and polypharmacy.
—Behavioral medicine and the interface of physical illness and mental disorder in later life.
—Chronically mentally ill elderly.
—Treatment, intervention, clinical trials, and service delivery models for the elderly.
—Mental illness in nursing homes.
—Family stress and the care of Alzheimer's disease victims.
—Effects of families, support systems, and self-help groups on the care of older persons with significant mental disorders.
—Prevention of pathology among elderly at risk for mental illness.
—Geriatric mental health academic awards for the support of teacher/investigators in psychiatry and psychiatric nursing.

These areas of support have emerged and been refined through a considerable amount of interaction with the field and with staff of other agencies in Government. These activities have included a general conference on research directions for the newly established coordinating responsibilities of the Branch (1975) followed by two more targeted conferences on senile dementia, assessment, housing for deinstitutionalized elderly, depression, the chronically mentally ill elderly, and others. In addition, staff of the Branch had key participation in the Secretary's Committee on Mental Health and Illness of the Elderly (1978), the President's Commission on Mental Health (1978), the White House Conference on Aging (1981), and the DHHS Task Force on Alzheimer's Disease (ongoing). The research objectives and portfolio of the Branch have been examined as part of the Institute's senior consultant and cluster group reviews in the areas of services research and behavioral science. The reports of these efforts have contributed to setting the research agenda for the Branch.

These activities have been developed in the face of substantial need in the field of mental health and aging.

—Five percent of the Nation's aged live in institutions. Of these, about 12 percent are in mental hospitals, with the remainder in nursing and other types of homes for the aged and the chronically ill.
—The elderly comprise 5.5 percent of admissions to State and county mental hospitals and 27 percent of the resident patients.
—Approximately 80 percent of those aged 65 or older who live in nursing and personal care homes have some degree of mental impairment. The national expenditure for nursing home care is estimated to exceed $20 billion annually.
—Only 3.8 percent of the outpatient psychiatric service admissions are aged 65 and over.
—An estimated 10 to 25 percent of the aged in the community have some degree of mental impairment.
—The death rate for suicide among the elderly is highest at age 55 and over (18.5 per 100,000, as compared with 12.6 per 100,000 for all ages).
—Approximately 44 percent of all male aged 55 and over admitted to inpatient services of State and county mental hospitals had a primary diagnosis of alcohol disorders.

Clinical Research Centers on Psychopathology of the Elderly (CRC/PE)

The CRC/PE Program is intended to provide stable, sustained support to a limited number of centers, each comprised of a core group of investigators who have access to elderly clinical populations, for the development of integrated sets of innovative, multidisciplinary, and indepth clinical research studies of the mental disorders in later life. It is anticipated that such centers will provide a milieu which encourages creative thinking about promising hypotheses; a resource for the development of new clinical researchers; and an environment of excellence which will assure the highest quality research and leadership in their chosen areas of investigation. Centers are expected to have a specific settings with demonstrable interest in the study of mental health and aging. Centers are expected to have a treatment milieu in which behavioral and biological scientists *and* clinicians can interact and study problems of etiology, classification, assessment, mechanisms, course, and psychotherapeutic and/or somatic treatment of particular mental disorders common in later life. A specific announcement is available for this program.

In Fiscal Year 1984 and 1985 the five awards in this program were made: Centers at Stanford University and at the University of Washington will focus on issues of diagnosis, clinical course, and excess disability in Alzheimer's disease, while the new centers at Duke University, the Philadephia Geriatric Center and the University of California, Los Angeles will focus on several aspects of depression.

Collaborative Activities

Not all research in mental health and aging can or should be supported or administered by the Mental Disorders of the Aging Branch. In fields with strong, well-established technologies such as epidemiology, specialized expertise already exists in other programs. Consequently, the center has made significant financial contributions to the epidemiological catchment area studies for the oversampling of the elderly. Similarly, certain research issues are best conceptualized as life-course or adulthood issues in which the elderly fit only as part of the study. In these types of circumstance, the Aging Branch has established mechanisms for joint funding, while still maintaining fiscal control of the funds. Projects have been cofunded with other programs of the NIMH, with the National Institute on Aging, with the National Institute of Neurological and Communicative Disorders and Stroke, with the National Heart, Lung, and Blood Institute, with the National Center for Health Statistics, with the Administration on Aging, and with the National Institute of Handicapped Research of the Department of Education. In this way, the total aging effort of the Institute is expanded and multiplied.

Interagency Collaboration

Among the many specific examples of collaborative projects, two are especially notable. First, in the area of senile dementia, the NIMH Aging Branch, in collaboration with two NIH Institutes (National Institute on Aging and National Institute of Neurological and Communicative Disorders and Stroke), sponsored two international conferences on Alzheimer's disease/senile dementia. These conferences, the first ever held, helped establish the state-of-the-art in research, treatment, services, and policy in this disease. A second activity, in collaboration with the National Institute of Handicapped Research of the Department of Education, was the cosponsorship of the first National conference on Aging and Rehabilitation. This conference, jointly sponsored by the National Institute of Handicapped Research, the National Institute of Mental Health, and the National Institute on Aging:

—Identified the rehabilitation needs of older disabled persons;
—Described the state-of-the-art in the rehabilitation of older disabled persons;
—Highlighted the limitations in knowledge; and
—Suggested areas of research which can make a useful contribution to the rehabilitation of older disabled persons.

The papers from this conference will be published in 1986.

Finally, a new Memorandum of Understanding was established between the Administration on Aging (AoA) and the National Institute of Mental Health. NIMH and AoA will collaborate in developing a greater interest in mental health for the aging and in disseminating related materials to aging and mental health organizations. The result of this agreement will be to achieve closer collaboration between State and local aging and mental health agencies for purposes of increasing access to mental health services by the elderly. NIMH will provide scientific and technical materials and assistance on mental health topics and practices and will identify State mental health authorities, community mental health organizations, and other appropriate agencies as potential users of these materials. AoA will encourage its Network on Aging to collaborate with State mental health authorities and community mental health centers for purposes of reaching the elderly and those practitioners who work with the elderly.

Relationships with the National Institute on Aging

The mandate given to the NIMH by the Congress is to conduct a program of research, training, and services for the prevention and treatment of mental illness and for the maintenance and improvement of the mental health of the Nation. Since persons 65 years of age and older now constitute approximately 11 percent of the population and display the highest incidence of new cases of psychopathology, a significant portion of the NIMH effort should be directed toward the mental health problems and needs of this age group. The basic focus of NIMH efforts must be on mental health. When applied to this age group, the essential considerations are the manner in which aging affects mental health and the influence of mental health upon aging.

In this context NIA's interest starts with the aging process itself, whereas NIMH's approach begins from the perspective of the mental health and illness of older people. From another vantage point, while NIA looks at biomedical, social, and behavioral aspects of aging with regard to development, NIMH studies adaptive and aberrant psychosocial functioning of the elderly with attention to etiology, prevention, treatment, and service delivery as they relate to mental disorders in later life. The two Institutes also differ in a fundamental structural sense. NIA's focus is targeted specifically toward research and research training, while NIMH's Aging Branch program encompasses services and clinical training in addition to research and research training efforts.

Since 1974, staff of the NIMH Aging Branch have served on the Interagency Committee on Research in Aging. This committee, chaired by the Director of NIA, and in conjunction with the National Advisory Council on Aging, helped define the research goals of the NIA and now meets regularly for purposes of coordination and consultation.

Finally, a considerable array of formal and informal relationships exists between the NIMH Aging Branch and the National Institute on Aging. Research applications of interest to both organizations are dually assigned. On occasion, projects with dual assignments, approved by the primary Institute but for which sufficient funds are not available, have been transferred to the secondary Institute for funding consideration.

The Alzheimer's Disease Task Force

In April 1983, the Secretary of HHS established a Task Force on Alzheimer's disease. The Task Force is chaired by the Assistant Secretary for Health, and membership includes the Assistant Secretary for Planning and Evaluation, the Surgeon General, the Directors of NIMH, NIA, NINCDS, NIAID, the Commissioner on Aging, and representatives of the Veterans' Administration and Health Care Financing Administration. Staff support is provided by NIMH. The Task Force coordinates research on Alzheimer's disease, shares information, identifies promising research directions, and provides a vehicle for translating the research into policy and program. The first report of the Task Force was published in September 1984 and includes many significant recommendations for research initiatives in Alzheimer's disease. In a special financing recommendation, the Task Force recommended removing the $250 Medicare reimbursement limitation on outpatient psychiatric services, except for psychotherapy, for those with Alzheimer's disease. The recommendation has been implemented by the Department.

RESEARCH HIGHLIGHTS

Treatment of Alzheimer's Disease

The search for an effective treatment for Alzheimer's disease (AD) continues to expand and intensify. The hypothesis on which many clinical trials are based holds that disturbances in the synthesis of the neurotransmitter acetylcholine are implicated in the memory loss and other cognitive symptoms that are the hallmark of AD. This "cholinergic hypothesis" led to generally unsuccessful clinical trails over the past several years with the acetylcholine precursors choline chloride and phosphatidylcholine (lecithin). More recently, trails have been conducted with compounds that prevent the degredation of acetycholine or affect the receptor sites. Acetylcholinesterase inhibitors such as physostigmine and tetrahydroaminoacridine have been shown to expert a clinically modest but statistically significant effect on memory in some AD patients. Muscarinic agonists such as the drug aercoline have also been shown to expert such effects.

The quite modest magnitude of clinical effects obtained with cholinergic drugs to date suggests to some investigators that either inadequate levels of the drugs are reaching the brain or that more complex intervention stategies are necessary. The former consideration led to a highly publicized pilot study at Dartmouth Medical School, in which the muscarinic agonist bethanecol was delivered through an implantable pump and catheter directly into the brains of four AD patients. This small study established that the procedure is workable and led to a grant application (MH40501, Robert Harbaugh, M.D., Dartmouth University, "Muscarinic Agonist Treatment for Alzheimer's Disease") that was funded. This study will test the efficacy of the treatment in a larger, carefully controlled study and will provide a valuable test of the "cholinergic hypothesis." The possibility that more complex intervention strategies are necessary is strengthened by recent studies showing multiple neurotransmitter and metabolic deficits in AD. Among the combination treatment approaches now being tested clinically are two studies in which lecithin is combined with the "metabolic enhancer" piracetam. Pilot studies suggest that this combination may be of some therapeutic utility. Carefully controlled double-blind studies (MH29590, Steven Ferris, Ph.D., New York University, "Psychopharmacology of Neurotransmitter Systems in Aging"; MH32724, Suzanne H. Corkin, Ph.D., Mass. Institute of Technology, "Lecithin Precursor Treatment in Alzheimer's Disease") are now being supported to test this possibility. Both of these studies will be completed in the coming year.

Aside from both the straightforward and complex cholinergic interventions, a number of other treatments are being evaluated. For example, based on a pilot study suggesting that the opiate antagonist naloxone may be effective in treating Alzheimer's disease, a well-controlled study of naloxone is now underway (MH38275, Barry Reisberg, M.D., New York Univ., "Opiod Antagonist Treatment of Alzheimer's Disease"). This study will be completed in the coming year, and the results will be of major clinical and theoretical interest. Among other diverse approaches to treatment is the possibility that certain brain peptides or their analogs may be effective in treating memory impairment. This possibility has recently been tested by several investigators (e.g., MH36609, Jared Tinklenberg, M.D., VA-Palo Alto, "Neuropeptides, Mood, and Memory in the Elderly") and the results have been generally disappointing. However, there are substantial problems in delivering these drugs to the brain, and trials with the technology introduced by Harbaugh and his colleagues may produce entirely different results.

On the very frontier of technology, yet other studies (MH38274, Steven Ferris, NYU, "Mental Health in Aging: Drug Effects on Brain") are using Positron Emission Tomography (PET) to determine the nature of brain metabolic changes in AD and examine how these changes might be altered by various experimental drugs. Similarly, pioneering studies by Peter Davies and colleagues (MH38623, Peter Davies, Ph.D., Albert Einstein College of Medicine, "Aging and Dementia—Cholinergic Neuron Biochemistry") are examining the specific neurochemical deficits that occur in AD and pointing to new strategies for drug development.

In addition to pharmacologic intervention studies in AD, studies are underway to examine optimal behavioral management strategies. For example, an important study by Jerome Yesavage and colleagues (MH35182, Jerome Yesavage, Ph.D., Stanford University, "Memory and Mental Health in Aging") is examining the effects of memory training in patients with early AD.

Research aimed at solving two of the major impediments to clinical drug evaluation in AD is also proceeding at an extremely fast pace. The first of these impediments concerns the lack of concordance between drug effects observed in animal models of aging and AD and those observed in clinical trials. This problem is being addressed through a major collaborative effort involving Branch staff, Drs. Steven Ferris and Charles Flicker at New York University, and Dr. Raymond Bartus at the American Cyanamid Company. The objective of this collaboration is the development of homologous behavioral tests in humans and non-human primates to allow effective screening of large numbers of drugs of possible utility in AD. A new animal model of AD is being developed and several homologous tests for humans have already been published. A second impediment is the lack of valid and reliable clinical assessment instruments for assessing drug effects in AD. This problem is being addressed through multiple collaborative research projects involving Branch staff and through funding of innovative grants to develop new instruments. For example, collaborative projects are underway at New York University to develop psychometric tests closely related to AD symptomatology and at Massachusetts Institute of Technology to develop a standard test of apraxia, a frequent symptom of AD. Grants for test development relevant to treatment assessment in AD include MH38659, Elizabeth Clark, Ph.D., UCLA, "Tests of Logic and Inference in Alzheimer-Type Dementia"; MH39135, Robert Hart, Ph.D., Medical College of Virginia, "Rate of Forgetting in Dementia and Depression."

Treatment of Psychosis, Depression, and Sleep Disorders in the Elderly

Studies recently completed (MH34042, Douglas M. McNair, Ph.D., Boston University, "Tricyclic Antidepressants and Cognitive Toxicity") suggest that certain widely used trycyclic antidepressants (e.g., amitriptyline) can induce marked memory and learning impairments in elderly subjects, although other (e.g., desipramine) are far less troublesome. A study completed this year examined the utility of using a different type of antidepressant, monamine oxidase inhibitors (MAOI's), in aged patients (MH35176, Anastase Georgatis, M.D., New York University, "MAOI vs. TCA in the treatment of Geriatric Depression"). This study suggests that the MAOI's have a place in the treatment of depressed elderly patients, but that long-term treatment is associated with a number of quite problematic side effects.

Sleep disorders are extremely common in the elderly and treatment is frequently problematic. For example, the most widely prescribed medication for sleep, flurazepam, remains in the body much longer in elderly than in young patients and may cause several major problems including incapacitating daytime drowsiness. Studies are now underway to examine the problems associated with pharmacologic treatment of sleep disorders and alternative drug treatments to those that are currently standard (MH34720, Joseph J. Tecce, Ph.D., Boston State Hospital, "Neuropsychopharmacological Studies of Sleep and Aging"; MH33688, Patricia N. Prinz, Ph.D., University of Washington, "Sleep/Waking Patterns in Dementia"; MH08975, Karl Rickels, M.D., University Hospital, Philadelphia, "Early Drug Evaluation in Neurotic Outpatients"). These studies have extremely important implications for the treatment of sleep disorders in the elderly.

In treating psychotic disorders in elderly persons, the major problem is the possibility of inducing the serious neurologic side effects that constitute tardive dyskinesia. A major study is now underway (MH30854, Jerome Yesavage, M.D., Stanford University, "Age, Neurologic Levels and Tardive Dyskinesia") to determine whether this problem can be controlled by carefully monitoring drug plasma levels and lowering dosage accordingly. This study will be completed in the coming year and will have an immediate effect on the pattern of use of neuroleptic drugs in elderly patients.

RESEARCH DIRECTIONS FOR FISCAL YEARS 1986 AND 1987

Alzheimer's Disease

The Branch will aggressively pursue research developments in the treatment and management of Alzheimer's disease, with only modest attention being devoted to etiology and pathogenesis. Rational approaches to treatment development will be pursued by following and supplementing the cholinergic hypothesis to incorporate approaches to other neurotransmitter deficits. As the technology of drug delivery improves, we expect that further developments around implantable pumps and other approaches will be proposed for evaluation. At the same time, nonsomatic approaches to the management of symptoms such as agitation, sleeplessness, and other behavior problems with a special focus on family issues will continue to be a strong focus of the Center program as will the development of a stronger services research approach in these areas.

Depression

While studies of depression are increasingly showing that treatments, both somatic and nonsomatic, are effective in many older persons, it is also the case that approximately 25 percent of the elderly with depressive illness do not respond to any treatment. This significant nonresponse will emerge as an important programmatic issue, and one which may well cause serious reconsideration of many of the basic mechanisms in depression in general and in late-onset depressive illness in particular.

Chronically Mentally Ill Elderly

The survival into old age of many of those with lifelong chronic mental illness is a new phenomenon in our Nation. In addition, the emergence of late-onset schizophrenia or paraphrenia, long acknowledged in Europe, has finally been recognized in the United States, and the revision of the Diagnostic and Statistical Manual, 3rd edition, of the American Psychiatric Association (DSM IIIR) will incorporate this new category. We expect that this action, along with our fiscal year 1985 conference and other program development activities, will result in a substantial amount of new research activities in the clinical, psychological, and services areas.

CLINICAL TRAINING HIGHLIGHTS

Various national conferences and commissions addressing mental health and aging training and personnel issues have identified several areas in need of program support:

—A cadre of expert faculty in mental health and aging (career teachers). The faculty development award is designed to prepare teachers of geriatric mental health in clinical training centers where no local resource faculty currently exist.

—Centers of excellence in mental health and aging, with particular emphasis on postgraduate specialty training through fellowships. Postgraduate specialty training in academic geriatric mental health is designed to further develop training programs that are already active in the dissemination of mental health skills and knowledge by increasing the pool of potential faculty members through specialty training; may include a range of other postgraduate training experiences.

—Attention to mental health and aging in the basic training of mental health care providers. Geriatric training models are designed to provide training experience to the nonspecialist in geriatrics and, at the same time, to stimulate the development of model materials and curricula for the incorporation of geriatric mental health skills and knowledge in the general training of the four core disciplines.

Approximately 80 awards were made in fiscal year 1985 for the above three clinical training programs together. These grants were distributed among the four core mental health disciplines of psychiatry, psychology, social work, and nursing. Continuation of these activities is anticipated in fiscal year 1986. Currently, the three clinical training areas above are being addressed.

Other areas identified for program development but not available for support are:

—Continuing education in mental health and aging for those primary care clinicians already in the field as well as those in training.

—Inservice or setting specific training in mental health and aging (e.g., for nursing home personnel).

—Training for families assisting elderly members.

—Curriculum development addressing all of the above in addition to other areas of need.

FOOD AND DRUG ADMINISTRATION

As the percentage of elderly in the Nation's population continues to increase, the Food and Drug Administration (FDA) has been giving increasing attention to the elderly in the programs developed and implemented by the Agency. The FDA has been focusing on several areas for the elderly that fall under its responsibility in the regulation of foods, drugs, and devices. Efforts in education, labeling, drug testing, biopharmaceutics, drug utilization, and adverse reactions have been of primary interest. Close relationships have been established with the National Institute of Aging and the Public Health Service—Administration on Aging to further programs that will assist the elderly in their medical care. Some of the major initiatives that are underway are described below.

INTERAGENCY COOPERATIVE EFFORTS

The FDA has continued to participate in meetings of the Ad Hoc Interagency Committee to further strengthen our liaison with the National Institute on Aging (NIA). The meetings have focused on the development of new drugs for disease found more frequently in the aging segment of our population, development of geriatric labeling, review of information related to drug use in the elderly and review of issues related to drug studies in the elderly.

In addition, the Public Health Service—Administration on Aging (AoA) Task Group on Health Promotion for the Elderly continues to develop specific health goals related to elderly populations, as well as materials relevant to their focus, drug use and misuse in the elderly. A major national objective in the area of drug use and misuse is the availability and proper use of medications for the treatment of medical conditions that are widespread in the elderly population. Components of these objectives include:

—the knowledge by professionals and scientists of physiological drug activity in the elderly;

—the proper dispensing of medications to the elderly by professionals;

—the provision of information to the elderly about the drugs they consume;

—the acquisition by the elderly of information related to the drugs they consume;

—diminished incidence and severity of adverse drug reactions (single drug, drug-drug, drug-food, drug-alcohol); and

—appropriate consumption of drugs by the elderly (compliance, self-medication, overuse, etc.).

Identified research objectives for drugs and the elderly include:

—specific physiologic and pharmaciodynamic responses to drugs in the elderly;
—drug surveillance studies in elderly populations;
—drug testing in the elderly population;
—study of prescribing patterns by physicians to the elderly; and
—effective educational techniques with the elderly.

An ongoing working relationship between the Office of Disease Prevention and Health Promotion (ODPHP), the National Institute on Aging and the FDA, has been established. One of the objectives is to complement the ODPHP contract for a National Health Promotion Campaign for the Elderly which is underway. As a part of this working relationship, ODPHP is also involved with trade and professional organizations and the drug industry on collaborative efforts in this area. In addition a series of seminars and workshops were conducted. Topics included opportunities to access the elderly consumer to provide health information, economics of medications to the elderly, production of educational materials aimed at the elderly consumer and the particular problems faced by the minority elderly populations. Future programs are currently being considered.

Last year, the FDA participated in a workshop with the Drug Information Association (DIA) NIA, ODPHP, and AoA on geriatric testing of drugs. The workshop focused on the entire spectrum of drug testing in the elderly including recruitment of geriatric subjects for clinical research, organization and development of protocols and research methodology, special considerations in geriatric drug testing, such as biopharmaceuticals and adverse drug reactions (ADRs), and compliance with the FDA guidelines and standards.

PATIENT EDUCATION

During the last four years, the FDA has coordinated the development and implementation of significant patient education programs with the National Council of Patient Information and Education (NCPIE), and many private sector organizations. Special emphasis has been placed on the elderly, who are the main users of prescription drugs.

This initiative involves four main components: urging patients to request information; encouraging health professionals to provide information; developing drug information systems for patients; and monitoring patient education activities.

The "Get the Answers" campaign is the primary program urging patients to ask their health professional questions about their prescriptions. The major component of the campaign is a medical data wallet card that lists the five questions patients should ask when they get a prescription. These questions are:

1. What is the name of the drug and what is it supposed to do?
2. How and when do I take it and for how long?
3. What foods, drinks, other medicines, or activities should I avoid while taking this drug?
4. Are there any side effects, and what do I do if they occur?
5. Is there any written information available about the drug?

The "Get the Answers" message has been widely disseminated to consumers through news releases, advice columns, and multiplier groups.

In 1985 the FDA and other organizations targeted patient education efforts to the elderly and Hispanics. The FDA and the National Council of Senior Citizens (NCSC) worked together to present the "Get the Answers" message to the Council's Senior Alert Industrious Dedicated Energetic Services (AIDES) program.

The FDA is also working with project directors in ACTION's Older Americans Volunteer Program to provide information on prescription drugs to grassroots elderly consumers in their respective communities. As part of this effort the Agency presented a workshop and provided resource packages for ACTION's project directors at their training conference held in 1985.

The "Give the Answers" campaign is designed to encourage health professionals to take the initiative in giving patients the information they need to use prescription drugs safely and effectively. The initial thrust of this campaign was distribution of a sourcebook for the professional that provided descriptions, illustrations, and ordering information for a selected set of prescription drug leaflets, booklets, and books appropriate for patient counseling. In 1985 emphasis of the "Give the Answers" campaign was directed toward nurses. Public service announcements and a sourcebook were developed to enhance nurse-patient counseling about prescribed medicines.

The NCPIE's and FDA's efforts to promote patient education have been enhanced by the development of drug information systems by professional organizations such as the United States Pharmacopeia, the American Medical Association, the American Academy of Family Physicians, the National Association of Retail Druggists, the Michigan Pharmacists Association, and the American Dental Association. These systems were developed for health professionals to use with their patients.

In cooperation with NCPIE, the FDA developed and published the "Prescription Drug Information and Education Programs and Resources Directory." This Directory which contains information on over 150 health care organizations across the United States is intended as a resource to assist organizations and health professional in the development of new prescription drug information and education programs. Approximately 70 items—books, brochures, slides/videotape, booklets—are related to the elderly.

Also in 1985,. NCPIE launched the "Work Site Initiative" which is designed to encourage corporations to disseminate the "Get the Answers" campaign materials to their employees, dependents of employees, retirees from the corporation, and customers. This initiative should be a major focus of FDA's and NCPIE's activities in 1986.

In addition to patient education initiatives, the FDA and NCPIE are evaluating the effectiveness of patient education programs and are monitoring the attitudes and behavior of consumers and health professionals about patient drug information. In 1985, the FDA conducted a survey of consumers' attitudes and experiences regarding prescription drug information. This survey was a followup to a 1982 survey on the same topic and contains an indepth section on what promotes or discourages questions from consumers to their health professionals.

Findings from the survey should provide organizations developing consumer messages greater insight into keys and barriers to useful patient/professional interactions. The survey also provides important information about how elderly consumers interact with health professionals.

The FDA, NCPIE, and many private sector organizations will continue to work together to increase awareness among patients and health professionals of the importance of communicating information about prescription drugs. The FDA will also monitor trends in patient information dissemination in order to lay the groundwork for future patient education activities.

The FDA continues to conduct Consumer Exchange Meetings across the Nation, many of which address issues affecting the elderly population such as: prescription drug use in the elderly; health fraud; tamper-resistant packaging; and sodium reduction.

In cooperation with the American Academy of Family Physicians and Call for Action, Incorporated, FDA sponsored a "National Ask the Doctor About Prescription Drugs Day." Over 140 physicians manned phones at radio and television stations in 20 cities to answer questions from patients about prescription drugs. Many stations produced news features and interviews regarding wise usage of prescription drugs as part of their promotions. The majority of calls were from elderly patients.

A presentation was made before the Gerontological Society of America on reactions of the elderly to drug advertising of prescription drugs. Because of the importance of this area of advertising, particularly as it relates to generic drugs, price posting, and adverse reactions, the FDA will continue to examine the impact of information as it relates to the needs of the elderly.

The FDA continues its cooperative program with the American Association of Retired Persons (AARP) in reviewing patient drug information leaflets that are sent out to AARP Pharmacy Service subscribers. Approximately 70 leaflets have been developed, representing about 200 drug entities that elderly citizens use.

In addition, the FAD in 1985 distributed nearly 150,000 copies of 10 publications aimed at the elderly. Most popular was "Sodium Facts for Older Citizens."

Landmark Legislation, the Drug Price Competition and Patent Term Restoration Act of 1984, established an abbreviated application procedure for generic versions of "pioneer" drugs. This Legislation makes it possible for manufacturers to develop generic drugs that are therapeutically equivalent to brand-name drugs because expensive retesting for safety and effectiveness is now no longer required. As more generic drug products are made available in the marketplace as a result of implementing the law, the FDA will continue to examine the impact of advertising, labeling, and education efforts on the elderly.

PREMARKET TESTING GUIDELINES

Specific guidelines for the premarket testing of drugs in the elderly are currently under development by FDA. These guidelines when finalized will be incorporated into FDA's General Considerations for the Clinical Evaluation of Drugs.

The FDA continues to provide Institutional Review Board (IRB) education through workshops and the dissemination of information sheets on a variety of topics of interest to IRBs. This aspect of drug testing and research is particularly important to institutional patients, a category comprised of a large number of elderly persons, to ensure adequate protection with regard to informed consent. FDA continues to work closely with the National Institutes of Health to develop and distribute information sheets to clinical investigators and members of the IRB community.

DRUG PRODUCT LABELING

FDA, in its effort to keep drug labeling up-to-date, will require a Geriatric Use section in drug product labeling. This will highlight currently known information about specific prescribing differences for geriatric patients and will hopefully encourage the development of additional data related to geriatric use. By highlighting this information, physicians will more easily be able to differentiate recommended dosage variations, etc., which are unique in geriatric patients. This section, along with several others, will be part of a revision of the labeling regulations to be proposed in the near future.

MAXIMUM ALLOWABLE COST (MAC)

The elderly in our population, as users of more medications than any other group, benefit more directly from FDA's review of drugs to establish therapeutic equivalence. Name brand drugs, often marketed at high cost, can in many cases be substituted with a lower cost generic equivalent. This is the basic philosophy underlying HHS' MAC program, through which a maximum cost is established for drugs paid for under tax-supported reimbursement programs such as medicare and medicaid. Continuing review of marketed drugs enables the FDA to expand its listing of therapeutic equivalence, thereby providing more assurance to the elderly that the drugs they need to take can be obtained at the lowest possible cost with no sacrifice in effectiveness.

HEALTH FRAUD

Health fraud, the promotion of false or unproven products or therapies for profit, is big business costing consumers millions of dollars each year. These fraudulent practices can be a serious and oftentimes expensive problem for the elderly. In addition to economic loss, health fraud can also pose direct and indirect health hazards to those who are misled by promise of quick and easy cures and unrealistic physical transformations.

In 1985, the FDA has designated health fraud as one of the Agency's top priorities, and is approaching the problem on four levels: (1) enforcement; (2) public education and information; (3) coalition building; and (4) evaluation.

When taking regulatory action against fraudulent products, FDA concentrates on life-threatening products first. The Agency has worked closely with the Postal Service and the Federal Trade Commission to keep bogus anti-AIDS nostrums off the market and most of the anti-cancer quacks abroad. Over the years, we have become more sophisticated at sharing information among Federal, State, and local regulators about quack products and pushers.

In addition to taking regulatory action, FDA has initiated programs to educate the public about fraudulent products. The FDA has produced and distributed materials on health fraud including: publications, slide presentations, exhibits, and a videotape. Also in 1985, FDA, the Council of Better Business Bureaus, and the Arthritis Foundation conducted mailings to newspapers, magazines, and radio and television stations. These mailings provided these media sources important information for reviewing advertisements, selecting guests for talk show programs, and on arthritis fraud.

The FDA, Federal Trade Commission, and the United States Postal Service have also produced a joint health fraud brochure. This brochure is a symbol of the agencies' cooperative efforts to combat health fraud and educate the public. The publication is available in English and Spanish, and is being distributed by FDA and the Consumer Information Center in Pueblo, Colorado.

The FDA and the Pharmaceutical Advertising Council (PAC) have launched a major new public service campaign that uses all media to provide the public with information about how to recognize, avoid, and help stop health frauds. The materials include TV and radio public service announcements, brochures, and print advertisements.

FDA is also working closely with many other groups to build national and local coalitions to help combat health fraud. In 1985 regional conferences were conducted through the joint efforts of FDA, the National Association of Consumer Agency Administrators, the Federal Trade Commission, the Council of Better Business Bureaus, the U.S. Postal Service, the Arthritis Foundation, and the American Cancer Society.

The FDA has also combined forces with the U.S. Council of Better Business Bureaus in launching a program to help media ad managers identify false medical claims in proposed copy, and thus cleanse their publications and air-waves of such ads. To help consumers avoid becoming victims of health hoaxes, they have published a brochure, "Tips on Medical Quackery," which identifies some of the more fraudulent practices and suggests ways of coping with them.

In September 1985, FDA, the Federal Trade Commission, and the U.S. Postal Service cosponsored a National Health Fraud Conference in Washington, D.C. This was the first national conference on health fraud since 1966, and was attended by approximately 250 representatives of Federal, State, and local agencies, independent public interest groups, and industry associations. The goal of the conference was to heighten the awareness of health fraud in America, and to facilitate the cooperation of the various concerned agencies in addressing the problem at the highest policy-making levels in the public and private sectors.

FDA is particularly interested in building coalitions with organizations who are attempting to educate elderly and Hispanic consumers about health fraud. During 1985, FDA worked with the American Association of Retired Persons, the National Council of Senior Citizens, and ACTION's Older Americans Volunteer Program to provide information on health fraud to elderly consumers in their respective communities. In 1986, FDA will continue to participate in workshops and other programs to educate elderly consumers about health fraud.

An article on health quackery has been prepared by the FDA and published in the "Age Page," a flier which has been developed in cooperation with the National Institute on Aging. This flier is a single topic publication that is distributed to some 500,000 individuals and organizations. It seeks to alert and educate older persons about drug and medical information of interest to them. In addition to presenting information of particular interest to the elderly, it is printed in large type and offers large type publications for followup.

FDA and the National Coalition of Hispanic Mental Health and Human Services Organizations (COSSMHO) will also hold a regional health fraud conference for Hispanic leaders in 1986. In addition, the Naional Coalition of Hispanic Mental Health and Human Services Organizations, FDA, and USPS are conducting a program to examine Hispanic magazines and newspapers for health fraud promotion involving the use of the mails.

To evaluate the extent and nature of health fraud, the FDA and the Pharmaceutical Advertising Council (PAC) have sponsored health fraud surveys of consumers and physicians. These surverys were conducted as benchmark studies to help assess consumer and physician awareness and perceptions of the nature of fraud in health care. These studies were conducted prior to the introduction of the FDA/PAC advertising campaign to establish base levels for future comparisons as the program progresses. FDA and the Department of Health and Human Services are also planning to conduct a national health fraud survey in early 1986.

MEDICAL DEVICES OF PARTICULAR BENEFIT TO THE ELDERLY

INTRAOCULAR LENSES

Data on intraocular lenses (IOL's) continues to demonstrate that a high proportion (85 to 95 percent) of the patients will be able to achieve 20/40 or better vision with the implanted lenses and that few (3 to 5 percent) will experience poor visual acuity (20/200 or worse). The data also demonstrate that the risks of experiencing a significant post-operative complication are not great. Furthermore, many of these complications result during the early post-operative period and are associated with cataract surgery; and the incidence of these complications is generally not affected by IOL implantation. Approved lenses have a significant impact on the health of elderly patients having surgery to remove cataracts. The IOL's, because they are safe and effective, aid elderly patients by increasing the options available to maintain their sight and thus their ability to drive and otherwise lead normal lives. The cost of IOL implantations are competitive with other available options, particularly when the continuing cost of contact lens care accessories, such as cleaning and storage solutions, disinfection solution, or heat disinfection units are considered. FDA continues to monitor several hundred investigational IOL models, and has to date approved over 100 models as having demostrated safety and effectiveness.

HEARING AIDS

The aging process often results in progressive hearing loss. Many elderly people with hearing impairment can be heldped by hearing aids. In an effort to establish comparative measures of hearing and performance characteristics and to inform potential hearing aid users of good health care practices which pertain to the use of and fitting of hearing aids, the FDA has established labeling regulations for hearing aids and a regulation which outlines conditions for sale of hearing aids.

The labeling regulation mandates certain performance characteristics of a hearing aid which shall be stated in the User Instructional Brochure. Also mandated are the standardized test methods which are to be used to obtain these characteristics (Acoustical Society of America Standard for Specification of Hearing Aid Characteristics (ASA STD 7-1982)).

The FDA requires a person with a hearing loss to undergo a medical examination by a license physician, preferably one who specializes in diseases of the ear, prior to the purchase of a hearing aid. The purpose of this medical examination is to assure that all medically treatable conditions that may affect hearing are identified and treated before a hearing aid is purchased. An informed adult, 18 years of age or older, however, may sign a waiver form and not be required to undergo this medical examination.

PACEMAKERS

Dysfunctions of the electrophysiology of the heart can develop with age, be caused by disease, or result from surgery. People with this condition can suffer from fainting, dizziness, lethargy, heart flutter, and a variety of similar discomforts or ills. More seriously, such life-threatening conditions as congestive heart failure or fibrillation can occur. FDA is responsible for policy on the safety, efficacy, and labeling or cardiac pacemakers. In addition, on July 18, the President enacted a law to require FDA to provide for a national registry of cardiac pacemaker devices and leads. The information in the registry would be used to assist the Secretary of HHS in determining when payments may properly be made under Medicare. The FDA, in conjunction with the Health Care Financing Administration, is considering ways to implement the legislation.

The modern pacemaker is designed to supply stimulating electircal pulses when needed to the upper or lower chambers of the heart or, with some newer models, both. It has corrected many of the above pathological conditions for a large number of people. Approximately half a million elderly persons have pacemakers. At present, an estimated 125,000 pacemakers are implanted annually, 30 percent being replacements. An estimated 75 percent of these are for persons 65 years of age or older. Without pacemakers, many of these people would not have survived. Others are protected from life-threatening situations and, for most, the quality of life has been improved. Pacemakers can make life more enjoyable for the patients by enabling them to lead more active lives. In general, it can be said that pacemakers contribute to the physical and mental well-being of many of the elderly in our population.

RADIOLOGICAL PROGRAMS OF INTEREST TO THE ELDERLY

While radiation therapy projects at FDA's Center for Radiological Health (CDRH) are not specifically tailored to the elderly, cancer is the second leading cause of death in the United States for those over age 55. Therefore, the success of these projects affects the elderly and their quality of life.

The major thrust of CDRH projects is in the improved quality of patient care through an emphasis on quality assurance to improve the safe and effective use of equipment used in radiation therapy. CDRH has sponsored contracts and symposia to this end and will be represented at a World Health Organization workshop on quality assurance in radiation therapy in Germany in December.

CDRH has also developed a contract with the State of Wisconsin which is funded by FDA to develop a Model State Radiation Control Program in Radiation Therapy. This contract should lead to improved safe use of radiation therapy under the surveillance of States and, thus, improved patient care of elderly cancer patients.

FOOD PROGRAMS FOR THE ELDERLY

FDA has been involved in cooperative programs with the Federal Administration on Aging (AoA) to help open lines of communication and training between personnel involved in food service programs for the elderly and State and local food officials. In addition to providing food handling training and seminars, FDA has participated in management training and certification in food protection sanitation. The Agency routinely makes available copies of FDA codes and guidelines as well as periodic listings of training programs.

Because AoA furnishes home-delivery meals (meals-on-wheels program) and there exist unique problems in equipment and transportation, FDA, in conjunction with the University of Colorado, has assisted with development of a new training program (slide show) specifically designed to meet the needs of personnel involved in a home-delivery program. This will help to insure safer food delivery system to a population which relies on this food assistance.

The FDA is also working with AoA on a grants program to improve the technology of delivering foods through the program and continues to be involved in evaluating the nutritional contribution and overall social benefits of this program.

SODIUM INITIATIVES

In response to growing medical concern over sodium in the diet, FDA in 1981 launced a major initiative to provide more information to consumers about the association between sodium consumption and hypertension; inform the consumers about the sodium content of foods, provide a wider choice of foods with reduced sodium content; and reduce the amount of sodium added to foods. Because many persons suffering from hypertension fall into the elderly category, certain aspects of the educational program have been directed toward older Americans.

FOOD LABELING

Nutrition information is of particular value to older persons, many of whom are advised by their physician to reduce consumption of salt and other food components. Thus, the sodium initiatives program which has been under way is especially useful to the elderly population. FDA has finalized regulations concerning the declaration of sodium content and label claims for sodium content which will become effective July 1, 1986. These regulations will result in making more sodium information available to those medically advised to reduce sodium intake as well as to those voluntarily seeking to reduce or moderate sodium consumption.

The regulations define terms such as "low sodium," specifying the maximum levels of sodium that a serving of food may contain when the terms are used on product labels. These rules also require the declaration of the sodium content on food labels which contain nutrition information. Nutrition information is required if a processor adds nutrients to a product or makes nutritional claims about it. However, the voluntary inclusion of salt/sodium information on a product label does not require the manufacturer to provide full nutrition labeling. In addition, the Agency is recommending the voluntary inclusion of potassium content information in nutrition labeling because people with kidney and some other diseases who must control their sodium intake must also control their potassium intake. Also, people with high blood pressure and other related health problems often use potassium in place of sodium.

Many major food manufacturers have voluntarily included sodium information on food labels since the FDA sodium initiatives were begun in 1981. Voluntary sodium labeling has already more than doubled, and when the new regulations become effective it is estimates that over half of the products regulated by FDA will carry sodium labeling.

Older persons also are frequently medically advised to reduce their fat and cholesterol intake. FDA is working on a proposal similar to the sodium rule that would amend current regulations to encourage increased labeling of the cholesterol and fatty acid contents of foods. The Agency is also advising supermarket chains on appropriate fat and cholesterol shelf labeling initiatives and cooperating with the National Cholesterol Education Program of the National Heart, Lung, and Blood Institute.

The older as well as younger population has strong interest in possible relationships between diet and health. Most consumers, but especially the elderly, are vulnerable to misleading health claims about foods. FDA currently is considering ways to permit appropriate health claims on food labels that will not be misleading to consumers, and will publish a proposal on this issue for public comment.

TOTAL DIET STUDIES

The FDA has revised the total diet studies program to reflect changes in current food consumption data developed by the U.S. Department of Agriculture and the National Center for Health Statistics analysis of individual foods (rather than the previous food grouping or "composites"), and computerized data manipulation to permit the determination of daily dietary intakes of contaminants and selected nutrients.

Since the 1960's this program—also known as the FDA Market Basket Study—has enabled the Agency to measure the levels of pesticides, industrial chemicals, toxic chemicals, radionuclides, and essential minerals in the diets of various components of society. The revised program will enable the Agency to determine dietary intake of almost any age population group in the United States. The program will help to identify potentials problems that may exist specifically relating to elderly populations.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) provides leadership and direction to programs and activities designed to improve health services for all people in the United States and to develop health care maintenance systems which are adequately financed, comprehensive, interrelated, and responsive to the needs of individuals and families in all levels of society. Specifically, the agency: (1) provides leadership and supports efforts designed to integrate health services delivery programs with public and private health financing programs including the health maintenance organizations; (2) administers health services categorical grants and the Maternal and Child Health block grant; (3) provides or arranges for personal health services including both hospital and outpatient care to designated beneficiaries; (4) administers programs to improve the utilization of health resources through health planning; (5) provides technical assistance for modernizing or replacing health care facilities; (6) provides leadership to improve the education, training, distribution, supply, use and quality of the Nation's health personnel; and (7) provides advice and support to the Assistant Secretary for Health (ASH) in formulation of health policies.

The areas of responsibility as outlined above are carried out by four Bureaus within HRSA as follows: Bureau of Health Professions, Bureau of Health Care Delivery and Assistance, Indian Health Service, and Bureau of Health Maintenance Organizations and Resources Development. The activities of each Bureau have a significant impact on programs and services for the elderly throughout the Nation. These activities for 1985 are reported below.

BUREAU OF HEALTH PROFESSIONS [BHPr]

The Bureau of Health Professions provides national leadership in coordinating, evaluating, and supporting the development and utilization of personnel required to staff the Nation's health care delivery system. It assesses the supply and requirements of the Nation's health professions and develops and administers programs to meet those requirements; collects, analyzes data, and disseminates information on the characteristics and capacities of health professions production systems; and develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems. The Bureau provides financial support to institutions and individuals for health education programs, administers Federal programs for targeted health personnel development and utilization, and provides technical assistance to national, State, and local agencies, organizations, and institutions for the development, production, utilization, and evaluation of health personnel.

Fiscal year 1985 program activities directed toward the development of professional personnel to provide health care to the aged include:

(1) Activities under training authorities targeted specifically for geriatric endeavors.

(2) Activities under training authorities for primary care, nursing, and other health professionals under which geriatric training may be provided.

(3) Other activities aimed at enhancing the qualifications of future health care providers.

TARGETED SUPPORT FOR GERIATRICS

Twenty geriatric education centers were funded under section 788(b) of the PHS Act, an authority which includes a focus on extending geriatric training. The centers are located in the following institutions and locations: University of Washington, Seattle, WA; Harvard Medical School, Boston, MA; SUNY at Buffalo, NY; University of Puerto Rico, San Juan, PR; Mt. Sinai-Hunter College, New York City, NY; Temple University, Philadelphia, PA; University of Pennsylvania, Philadelphia, PA; Medical College of Virginia, Richmond, VA; University of Alabama at Birmingham, Birmingham, AL; University of North Carolina, Chapel Hill, NC; University of Mississippi, Jackson, MS; University of Kentucky, Lexington, KY; University of Michigan, Ann Arbor, MI; Case Western Reserve University, Cleveland, OH; Baylor College of Medicine, Houston, TX; University of Texas Health Service Center at San Antonio, San Antonio, TX; University of Missouri at Kansas City, Kansas City, MO; University of Utah, Salt Lake City, UT; University of North Dakota, Grand Forks, ND; University of Southern California, Los Angeles, CA.

Awards for these 20 Geriatric Education Centers totaled $6,020,070 for fiscal year 1985.

These centers are regional resources providing multidisciplinary training for health professions in geriatric care. They provide comprehensive services to the health professions educational community within designated geographical areas. Activities include faculty training in medicine, osteopathy, dentistry, pharmacy, nursing, and related allied and public or community health disciplines. Other purposes are the provision of technical assistance in the design and conduct of inservice and continuing education programs for practicing health professionals and assisting health professions schools in the selection, installation, implementation, and evaluation of appropriate geriatric course materials and curriculum improvements.

BHPr sponsored a national invitational conference on education of health professionals in geriatrics held March 4-6, 1985, in Washington, DC. The conference brought together over 325 academic health science administrators, key faculty, and others to consider the impact of the growing elderly population on health services and the need for the appropriate training of health professionals. The principal purposes of the conference were to consider: (1) Educational priorities and strategies that need to be addressed in order to prepare faculty, students and practicing health professionals to meet current and projected needs of the growing elderly population; and (2) practical approaches and problems encountered in the implementation of such educational programs, especially at new service sites and on a multidisciplinary basis. An Executive Summary and full report of the conference have been made available to interested persons.

A second conference which focuses on the guidelines for future directions emerging from the first conference, is currently planned for early summer of 1986 in Washington, DC. Approximately 500 attendees from all health professions are expected.

GERIATRIC ACTIVITIES SUPPORTED UNDER BROADER TRAINING AUTHORITIES

Twenty-two predoctoral grantees and 73 graduate programs in family medicine provide training in geriatrics. In Family Medicine residency training programs, 42 grantees received funds to provide curriculum content in geriatrics and gerontology to medical students totalling $1,765,188. Additional, twenty-four Faculty Development Training programs indicated training to medical students in this area. University of Massachusetts received $73,903 for their efforts. Six grantees receiving funds for Family Medicine Establishment of Departments grantees indicated plans for providing geriatric training.

Under the Area Health Education Center program, 16 of 19 awardees indicated training and emphasis in geriatric activities at an estimated cost of $1,132,786 and impacting an estimated 120,113 individuals. The largest award was made to the University of California—San Francisco, totalling $180,000.

The General Internal Medicine and General Pediatrics Residency program awarded 38 grants that included provision of geriatric activities in fiscal year 1985. An estimated 190 residents would receive geriatric medicine training. Eight programs received a total of $183,677 for the individual awards in their activity. The largest award was $124,190 to West Virginia University—Department of Medicine. In addition to the graduate training program, 3 awardees in the General Internal Medicine/General Pediatrics Faculty Development Grant program indicated that their geriatric emphasis would impact upon approximately 6 trainees. No specific funds were awarded for these activities.

Twelve of the thirty Physician Assistant Training grantees that indicated geriatric activities received support totalling $69,074. Emory University received the largest award of $22,418 for its program.

One program in Podiatric Medicine Training program, the University of Iowa in Des Moines, IA, indicated support for additional curriculum in gerontology.

A sizable portion of nursing activity in fiscal year 1985 was directed toward geriatric and gerontologic research and education. This work involved the following major activities:

—The nursing research program supports both the development of knowledge underlying problems of the elderly and the investigation of interventions affecting the well-being of elderly populations. In fiscal year 1985 four nursing research grants, amounting to over $406,375 supported research on topics such as "Effects of Preventicare Exercise on Elders," and "Behavioral Management of Urinary Incontinence."

—The advanced nurse training program awarded over $995,076 to support 10 gerontological and geriatric nursing concentrations as part of master's and doctoral level nurse training programs.

—Eleven geriatric nurse practitioner grants were funded in the amount of $1.28 million to provide special preparation in the care of well and frail elderly receiving care in a variety of settings.

—Special project grants for a total of $508,422 were awarded. These projects are aimed at: (1) Continuing education gerontology training programs for practicing nurses and nurse educators, (2) a nurse assessment/management program for use with the frail elderly, and (3) development of learning modules for nurses working with the elderly.

—A contract for $268,491 awarded to a University Health Services Research Center developed and tested a nursing assessment interview tool to identify self-care behaviors practiced by community-based elderly.

OTHER ACTIVITIES

At the end of fiscal year 1985, the Bureau was compiling the results of surveys to assess the status of aging-related curricula in the first professional degree training programs for osteopathic medicine, nursing, podiatric medicine, pharmacy, physical and occupational therapy. These surveys provide baseline data for future efforts to improve training programs for health professionals in geriatrics and gerontology. Dissemination of findings is planned during fiscal year 1986 through publication of discipline-specific articles in the journals of the professional associations which advised the project.

During fiscal year 1985, the Bureau continued to coordinate its geriatric activities with those of the NIA, AoA, NIMH, VA and DoD through the Department's Task Force on the Enhancement of Training in Geriatrics and Gerontology. The Task Force is planning to update the Report to Congress which they submitted in February 1984 in response to concerns expressed by the House Committee on Appropriations that the Department needed a more coordinated approach to improving training programs and activities in geriatrics and gerontology.

An interagency agreement between the Division of Nursing and the National Center for Health Statistics provided $300,000 to extend the 1985 National Nursing Home Survey. Additional data will be collected concerning types of nursing home personnel, staffing and vacancy rates, employment conditions, and the recruitment and retention of registered nurses.

BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE

Health Resources and Services Administration (HRSA) continued its support for a variety of health care programs which were widely used by older Americans in Fiscal Year (FY) 1985. About 459,000 people 65 years of age or older were among the 6 million people treated in the 641 Community Health Centers (CHC) and Migrant Health Centers (MHC) which were funded by the Bureau of Health Care Delivery and Assistance (BHCDA), (84 centers were jointly funded as CHC and MCH). A total of 2,958 National Health Service Corps (NHSC) professionals served in health manpower shortage areas providing care to 2.5 million people. During Fiscal Year 1985, the BHCDA expanded health and support services to the elderly. The health care programs and services offered by HRSA were used by older Americans who were among the medically underserved and statutorily defined beneficiary population groups served by HRSA. Sixty (60) grants were awarded in Fiscal Year 1985 to expand the Nation's capacity to provide home health care services. Approximately 60 to 70 percent of the population served by the home health care services program are age 65 or older.

COMMUNITY HEALTH CENTERS

In Fiscal Year 1985, a total of 641 CHC and MHC located in medically underserved areas provided a range of preventive, curative and rehabilitative services to 5 million persons. About 9 percent of those served were age 65 or older. Formal and informal linkages existed between some center grantees, the U.S. Department of Agriculture (USDA), and the Administration of Aging (AoA) to augment the number of social and nutritional programs available. These include the food stamp program, the meals-on-wheels projects, and programs in which the CHC provides services to seniors in congregate housing and sponsors multiphasic screening clinics in senior citizen centers and recreational areas. Other linkages include transportation arrangements with long-term care institutions and individual service arrangements with nonprofit senior centers and home health agencies. Special efforts have been made to integrate home health services into an overall health care package as evidenced by the certification of several CHC as medicare home health providers.

MIGRANT HEALTH

The MHC program provides health care services for migrant and seasonal farmworkers and their families. Migrants live and work in predominantly rural areas where health resources are frequently scarce. The elderly migrant, beset by increasing health problems, is placed in a vulnerable position—faced with inadequate health resources and manpower, and language and cultural barriers. The MHC program authority, section 329 of the PHS Act, as amended November 1978, includes language that broadens eligibility to include a significant number of elderly and disabled. With that legislative authority, the MHC program can serve "individuals who have previously been agricultural workers but can no longer be employed as migrant farmworkers because of age or disability, and members of their families within the area it serves". In Fiscal Year 1985, services were provided to over 450,000 migrant and seasonal farmworkers through 125 projects. It is estimated that about 2 percent of the migrant and seasonal farmworkers being served in projects funded with section 329 funds are 65 or older.

THE NATIONAL HEALTH SERVICES CORPS

The mission of the NHSC is to provide health manpower to American communities and population groups whose health needs are not otherwise fully met. The NHSC places physicians, dentists, nurse practitioners, and other health professionals in areas that have health manpower shortages. Older Americans with special health needs and reduced mobility need primary care providers close at hand. The Corps works closely with the CHC and MHC programs and provides assistance in recruiting health manpower for these programs.

In Fiscal Year 1985, the NHSC continued its commitment of health care to the elderly. The Corps focused on geriatric medicine and other gerontological issues at the NHSC regional inservice conferences for providers and emphasized geriatric health concepts. Through various programs in communities, Corps assignees reach the elderly with programs such as nutrition counseling, high blood pressure screenings, physical therapy, and stroke prevention.

INDIAN HEALTH SERVICE

The Indian health program provides health services to approximately 987,000 American Indians and Alaska Natives, who reside within the geographic area of about 500 federally recognized tribal entities located in 32 States including Alaska. It is estimated that 5.25 percent (51,800) of the American Indian and Alaska Native population that IHS serves is 65 and over. (Based on a 1980 census, age distribution for American Indians and Alaskan Natives residing in 32 States in which IHS has responsibilties.) While there is a preponderance of younger persons in the IHS population; attention is nevertheless being focused on the needs of the elderly primarily as a consequence of both the yearly Indian Conference on Health of the Elderly conducted by the National Indian Council on Aging and titles III and VI of the Older Americans Act.

Specific services and interagency linkages have been geared to serve the special health needs of the elderly. Services offered in conjunction with the Administration on Aging include congregate meals, meals-on-wheels, minor home repair, shopping assistence,transportation, health surveillance, outreach, part-time employment, and inservice training for titles III and VI personnel. Other linkages include the IHS medical and social service surveillance for nursing home and extended medical care patients, and assistance in obtaining services under Medicare, Medicaid, the USDA-administered food assistance program, Veterans Administration and other Federal and State programs.

BUREAU OF HEALTH MAINTENANCE ORGANIZATIONS AND RESOURCES DEVELOPMENT

In recognition of the advantages of health maintenance organization (HMO) membership to medicare beneficiaries, section 1876 of Title XVIII of the Social Security Act was amended in the Tax Equity and Fiscal Responsibility Act of 1982. The amendments are intended to encourage and facilitate medicare enrollment in eligible HMO's and competitive medical plans (CMP's). The Office of Health Maintenance Organizations (OHMO) worked closely with the Health Care Financing Administration to implement the amendments. The determination of organizations eligible to provide services to medicare beneficiaries is now integrated with the OHMO responsibility to designate federally qualified HMOs under Title XIII of the Public Health Service Act.

In setting forth priorities for State and local health planning agency consideration in developing their future agendas and activities, the Office of Health Planning identified the issue of the aging of the population and the increased need for long-term care. It was pointed out that growing long-term care needs will require trade-offs to be made given resource constraints, and that alternatives to institutional care needed to be identified, studied, and considered.

Most of the plan documents developed by the State Health Planning and Development Agencies and the health systems agencies (local planning bodies) reflect a growing concern with and attention to the problems associated with the aging population, and include long-term care as a priority objective. Many of the agencies have not only addressed the need for additional nursing home beds but also conducted studies related to the development of home health care programs and adult day care services. As a follow-up, the health planning agencies have worked with other concerned community groups to implement study findings.

To assist community residents, some agencies have prepared consumer informtion materials identifying available community services and the costs associated with various alternatives. In addition, many agencies are conducting conferences, seminars, and other forums to raise critical issues surrounding aging and long-term care and are engaging in collaborative planning to develop broad based approaches to alleviating the problems.

NATIONAL CENTER FOR HEALTH STATISTICS

The National Center for Health Statistics (NCHS) is the Federal Government's principal health statistics agency. NCHS data systems address the full spectrum of concerns in the health field from birth to death, including overall health status, life style and exposure to unhealthful influences, the onset and diagnosis of illness and disability, and the use of health care and rehabilitation services.

The Center maintains over a dozen surveys that collect health information through personal interviews; physical examination and laboratory testing; review of hospital, nursing home, and physician records; and other means. These data systems, and the analysis and reports that follow, are designed to provide information useful to a variety of policy makers and reseachers. NCHS frequently responds to request for special analyses of data that have already been collected, and solicits broad input from the health community in the design and development of its surveys.

Since most of the data systems maintained by NCHS encompass all age groups in the population, a broad range of data on the aging of the population and the resulting impact on health status and the use of the health care system are produced. For example, NCHS' National Vital Statistics System has documented the continuing rise in life expectancy and provides data on trends in mortality that are essential to making population projections; surveys conducted by NCHS examine the use of health services by the elderly in various settings, including hospitals and physicians' offices; and the National Health Interview Survey (NHIS) obtains information on the extent and nature of disability and impairment, limitations on functional ability, and the use of special aids. An example of data produced from the NHIS is the recent report, "Americans Needing Help To Function at Home."

In addition to NCHS surveys of the overall population that produce information of use in examining the aging of the population and the health of the aged, a number of activities are of special interest:

1986 NATIONAL MORTALITY FOLLOWBACK SURVEY

During 1986, data collection will begin for the National Mortality Followback Survey, the first such survey in 18 years. The followback survey broadens the information available on the characteristics of mortality among the population of the United States from the routine vital statistics system by making inquiry of the next of kin of a sample of decedents. In view of the fact that two-thirds of all deaths in the Nation in a year occur at age 65 or older, the 1986 survey provides for the study of health and social care provided to older decedents in the last year of life. This is a period of great concern for the individual, the family and community agencies, and period of large expenditures. Agency program planning and national policy development on such questions as hospice care and home care can be enlightened by the data to be secured by the mortality followback survey. The survey also includes an inquiry aimed at providing information on the potential for greater efforts to prevent premature death.

1985 NATIONAL NURSING HOME SURVEY

During 1985, NCHS collected data for the National Nursing Home Survey (NNHS), which will provide valuable information in an area of increasing concern. The NNHS was first conducted in 1973-74 and again in 1977 in order to provide comprehensive national data on a continuing basis to meet the needs of those who set standards for, plan, provide an assess long-term care services. The purposes of the surveys are to:

—collect national baseline data on characteristics of the nursing home, its services, residents, and staff; such information is obtained from a sample of all nursing homes in the Nation, regardless of whether or not they participate in Federal programs such as Medicare or Medicaid;

—collect data on the costs incurred by the facility for providing care by the major expenditure groupings—labor, fixed, operating and miscellaneous costs;

—collect data on certification for participation in the Medicare and Medicaid programs (such as the utilization of certified beds and the health of residents receiving program benefits) so that all data can be analyzed by certification status;

—provide comparable data for valid trend analyses on a variety of topics (for example, the impact of legislative changes on standards and in reimbursement on the growth of facilities, and of the impact of institutionalization on the health of the aged); and

—interrelate facility, staff, and resident data to reveal the relationships that exist between utilization, services offered, charges for care, and the cost of providing care.

For the initial survey conducted in 1973-74, the universe included only those nursing homes that provided some level of nursing care, regardless of whether or not they were participating in the Medicare or Medicaid programs. Thus, homes providing only personal or domiciliary care were excluded. Beginning with the 1977 survey, the universe was expanded to include all nursing, personal care, and domiciliary care homes, regardless of their participation in Medicare or Medicaid. Homes that provide room and board only are excluded.

LONGITUDINAL STUDY ON AGING

The National Health Interview Survey included a supplement on the elderly population of the United States, which focused on a wide range of health information about the elderly population, including a sociodemographic health profile of the handicapped by type of impairment. This supplement permits the analysis of acute and chronic conditions unique to the elderly population.

Beginning in 1986, NCHS will be conducting a followup study of individuals interviewed in this 1984 supplement; this supplement provides unique baseline data which can be used to investigate the impact of current functional and health status on future institutionalization. This data base is especially suitable as a baseline for followup because it was derived from a national probability sample and because the supplement was designed to provide a multidimensional assessment of functional status. In addition to the well-known measures of activities of daily living, the functional status questions can identify less severe levels of dysfunction along any of the dimensions. This is particularly important for classifying functional status among the noninstitutionalization as well as the development of intervention strategies.

NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY

The National Health and Nutrition Examination Survey (NHANES) provides valuable information available only through direct physical examinations of a probability sample of the population. The first NHANES, called NHANES I, was conducted in the period 1971-74. The NHANES I Epidemiologic Followup Survey, conducted by NCHS over the last several years, tracks and reinterviews the more than 14,000 persons examined as part of the NHANES I study, focusing on those factors measured in the earlier survey and relating them to current health conditions, studying the slow-acting consequences of long-term and low-dosage exposure to a combination of environmental, dietary, social, and demographic factors. While persons examined in NHANES I were all under age 75, by 1986 we expect more than 2,000 of these individuals to be over 75, providing a valuable study group to examine the aging process. The elderly persons in this study are being interviewed once again in 1986 to further study mortality, institutionalization, and health status.

This study is being conducted by NCHS in close collaboration with the National Institute on Aging, the National Cancer Institute, and other parts of the National Institutes of Health.

STUDY OF STATISTICAL ISSUES IN POLICY ANALYSIS FOR AN AGING POPULATION

NCHS has taken a leading role in a jointly-sponsored project being conducted by the National Academy of Sciences' Committee on National Statistics to examine the adequacy of current statistics and to identify activities to increase the relevance of health statistics for policy analysis of aging issues. The study will:

—identify health policy issues concerning the aging population over the next decade and determine whether needed data are available;

—develop a rationale for assigning priorities for filling health data gaps and recommend economical ways of obtaining the needed data;

—recommend actions at various decision points in statistical programs that would enhance the policy relevance of statistical products about the elderly; and

—develop an agenda for methodological research designed to increase quantitative information useful for policy analysis.

In September 1984, a symposium was held to review a number of papers commissioned for the study. This project is being jointly sponsored by NCHS, the Health Care Financing Administration, the National Institute on Aging, the National Institute of Mental Health, and the Veterans' Administration. A final report is expected in 1986.

NATIONAL INSTITUTES OF HEALTH: ALZHEIMER DISEASE

In an editorial in the December 6, 1985, issue of Science magazine, Dr. Caleb Finch of the University of Southern Calfiornia is quoted as saying, "I would be surprised if the major new resources required for a serious attack on Alzheimer disease do not also benefit the basic neurosciences on the same scale as funding for cancer research has done for many areas of molecular, cell, and developmental biology." In fact, research on Alzheimer disease is so broad-reaching that it is already having an impact on basic neuroscience research; while at the same time, basic neuroscience and other research is shedding new light on Alzheimer disease.

This report is intended to summarize advances in our understanding of this major cause of mental disability among older Americans.

NIA RESEARCH

HOW COMMON IS ALZHEIMER DISEASE

By most estimates, Alzheimer disease is the cause of serious confusion and forgetfulness in some 2.5 million American adults. This is five times the estimate that appeared in the literature 10 years ago when the NIA began its first studies in this area. Are there so many more victims now than then? Is there an Alzheimer epidemic?

Since aging is the principal risk factor associated with Alzheimer disease, the number of Alzheimer victims is growing at least as fast as the U.S. older population. But these latest estimates stand for more than just growing numbers of older people. They reflect a more sophisticated, if not yet perfected, approach to diagnosis; better training of health care professionals regarding the problems of old age; and a greater awareness of Alzheimer disease and its symptoms among the general public.

In fact, according to experts at Harvard University, our current estimates of the number of Alzheimer victims may still be too conservative. Dr. Denis Evans and his colleagues at the East Boston Neighborhood Health Center have looked at the residents of that Boston community and have found that more than 11 percent of the population over age 65 may be suffering from Alzheimer disease. This is double the frequently stated estimates.

When this study has been completed and verified by other studies, and diagnostic capabilities are further refined, we may be surprised to learn how many people are suffering from Alzheimer disease and are being quietly cared for by relatives and friends.

THE COST OF ALZHEIMER DISEASE

According to the Alzheimer's Disease and Related Disorders Association, $35 billion was spent last year on the care of Alzheimer patients. This includes the costs of nursing home and other long-term medical care, but doesn't begin to account for the emotional and social costs of the disease.

In a soon-to-be published paper, NIA health economist Dr. William Cartwright has tallied some of the specific costs of Alzheimer disease, suggesting that $35 billion is just the tip of the iceberg. Dr. Cartwright and his colleagues, Dr. Lien-Fu Huang of Howard University in Washington, DC and Dr. Teh-wei Hu of Pennsylvania State University, speculate that the special services required by dementia victims might cost more than $38 billion, with another $39 billion for what the investigators call indirect costs.

The investigators looked at how much money is spent on such things as longer hospital stays, increased need for drugs, greater demands on staff time in nursing homes, and special social services. A large portion of the cost of dementia—$27 billion—reflects the value of the time spent by relatives who care for Alzheimer patients at home.

This is the first time that anyone has calculated the costs of dementia. It is also the first time that anyone has put a value on the so-called "incalculable costs" of the disease. The $39 billion for indirect costs represents the investigators' estimate of the cost of relatives visiting patients in nursing homes, transporting patients for needed medical services, and of premature death due to dementia.

Dr. Cartwright cautions that these estimates may seem conservative because they include only the extra costs of medical care, rather than all the costs of medical care, for dementia victims. A scientific breakthrough in this area of research would relieve us of this large burden.

THE DIAGNOSIS OF ALZHEIMER DISEASE

There is no single medical test that can diagnose Alzheimer disease. The early symptoms of Alzheimer disease—forgetfulness, confusion, changes in mood and behavior—are also symptoms of a large number of other diseases. As a result, physicians who suspect Alzheimer disease use a battery of tests, including medical history, clinical examination, blood and other laboratory tests, pychological tests and radiologic scans. The diagnosis of Alzheimer disease is made only after all other possiblities have been excluded.

Nonetheless, we are better able to diagnose Alzheimer disease today than ever before. Physicians are more attuned to the various disorders that can mimic Alzheimer disease, and are more likely to detect them during medical examinations. Newer psychological tests have begun to focus more closely on the early and progressive signs of Alzheimer disease. And now, recent developments in radiology have provided diagnostic tools that can better visualize the working human brain.

At the Massachusetts General Hospital in Boston, NIA grantee Dr. John Growdon and his colleagues are using nuclear magnetic resonance (NMR), a recently developed diagnostic tool, to examine patients with Alzheimer disease and other forms of dementia. What they have found is that the unique ability of NMR to distinguish the brain's white and grey matter allows it to pick up abnormailities that may indicate early multi-infarct dementia. Multi-infarct dementia is the second leading cause of dementia in older people and is frequently confused with Alzheimer disease because of similar symptoms.

MWR (also called magnetic resonance imaging) creates an image using magnetic fields rather than conventional radiation technology. For an MWR scan, the patient is positioned inside an extremely strong magnetic field and bombarded with pulsating radio waves. The magnetic field forces the body's abundant supply of hydrogen atoms (which are positively charged) to come into alignment and the radio waves throw them out of alignment. When the waves are turned off, computers measure the energy emitted as the atoms realign within the magnetic field. By a complex system of calculations, then, MWR generates information on the concentration of matter as well as certain physical and chemical properties.

The technique is safe and painless. In some cases, MWR brain scans may even be superior to CT scans in that the images are crisper, they differentiate between white and grey matter and they can visualize deep areas of the brain not seen in CT scans. In differential diagnosis, NWR can more accurately pinpoint tumors and other intracranial disorders.

Whether MWR will be a valuable disgnostic tool for Alzheimer disease is difficult to predict since this technology is still in its infancy. In the meantime, however, Dr. Growdon and his colleagues are excited by their findings of white matter lesions in people who show no other sign of disease. If this is, indeed, an early indication of multi-infarct disease, diet and life style changes may prevent further damage.

As this research progresses, Dr. Growdon will be looking at those areas of the brain known to be affected in Alzheimer disease to see if changes in brain structure can be linked to changes as the disease progresses.

WHAT CAUSES ALZHEIMER DISEASE

The theories of what causes Alzheimer disease have matured in a rich atmosphere of research focused on the neuroscience of aging. The basic theories have not changed. We still think that genetics; immunologic changes; uncoventional virus-like agents; and environmental factors may all play a role in the development of Alzheimer disease. Nonetheless, we are looking for more basic answers to what causes the disease. NIA-supported scientists are examining the fundamental processes that under lie changes that take place in the Alzheimer brain.

At the Burke Rehabilitation Center in White Plains, NY, Dr. John Blass and his colleagues are doing research on enzyme activity, calcium transport, glucose metabolism and protein synthesis in an effort to reveal the events that precipitate neurotransmitter changes and even cell death in Alzheimer disease. Their search has led them to look at tissues, fluids, and cells outside the brain. Their results have led them to speculate that Alzheimer disease is a systemic metabolic disease, not simply a neurologic disorder.

For some time, scientists have known that there is a drop in overall glucose metabolism in the Alzheimer brain; in other words, the Alzheimer brain uses less energy. With grant support from NIA, Dr. Blass and his colleagues looked at glucose metabolism in tissues taken from Alzheimer patients and found that there was an inherent abnormality in the cells' ability to break down glucose into energy. They also found a defect in calcium transport at the cellular level.

According to Dr. Blass, Alzheimer disease may be a neurologic disease with systemic manifestations or a systemic disease that shows itself primarily in terms of brain changes. This realization may alter our approach to studies of how the disease develops and how it can be diagnosed and treated.

ALZHEIMER AND PICK DISEASE: A COMMON CAUSE

Other research continues to alter our understanding of Alzheimer disease. at Harvard University, NIA grantee Dr. Dennis Selkoe has found a surprising similarity between Alzheimer disease and Pick disease, a rare, rapidly progressive dementia.

Alzheimer and Pick disease have always been presumed to be distinct neurological disorders. Although victims of both diseases suffer disabling dementia, the neurofibrillary tangles and neuritic plaques that characterize Alzheimer disease are not found in the Pick brain. Only an autopsy can distinguish between the two diseases.

Earlier studies by other investigators had shown that both Alzheimer and Pick disease affect the same parts of the brain. Research had even speculated that although the lesions of Pick and Alzheimer were different, they might be composed of the same abnormal proteins called paired helical filaments (PHF). Following these leads, Dr. Selkoe used a technique developed in his laboratory to study brain cells from Alzheimer and Pick brains. He found that the PHF's once thought to be unique to Alzheimer disease were indeed located in the brain cells of Pick patients.

Dr. Selkoe speculates that Pick disease may be a variant of Alzhimer disease and that the two may share common cause. This opens up a new field of investigation.

A BLOOD TEST FOR ALZHEIMER DISEASE

In addition to neurofibrillary tangles and neuritic plaques, Alzheimer disease is characterized by deposits of amyloid fibers in the brain's blood supply. Dr. George Glenner has isolated and analyzed the amyloid fibers circulating in the bloodstream of Alzheimer patients and found a unique protein not seen in healthy individuals.

Interestingly, the same protein appears in the amyloid deposits of Down syndrome, representing another link between Alzheimer and Down syndrome. With support from NIA, Dr. Glenner next plans to use monoclonal antibodies to take a closer look at this unique protein with the hope of isolating its precursor.

Dr. Glenner's work reveals yet another clue that Alzheimer disease is a systemic disorder, and may some day lead to a simple diagnostic test for the disease.

THE ALUMINUM STORY

When scientists first looked at the brains of Alzheimer patients, they found excessive levels of aluminum concentrated in dying brain cells. These findings led to fearful speculation that Alzheimer disease could result from ingesting aluminum or using household products containing aluminum. Fortunately, epidemiologists have ruled out such a simple answer to what causes the disease, and our approach to studies of environmental risk factors has become much more sophisticated.

NIA grantee Dr. Bernardino Ghetti has confirmed that when the central nervous system is exposed to aluminum over long periods of time, the result is neurofibrillary degeneration and ultimataely cell death. In his work at Indiana University School of Medicine in Indianapolis, Dr. Ghetti is beginning to elucidate the mechanisms by which aluminum causes nerve cell damage. Dr. Ghetti has found that aluminum binds to the protein calmodulin, thus impairing the protein's ability to regulate calcium levels in the cell. Calcium is similar in structure to aluminum and is vital to the life of the cell, but toxic in large quantities. According to Dr. Ghetti, the key to aluminum's deadly effect on nerve cells may be this breakdown of calcium metabolism at the cellular level.

THE GENETIC HYPOTHESIS

A discussion of possible causes of Alzheimer disease would not be complete without some reference to studies in the field of genetics. It seems apparent from our research thus far, that the majority of Alzheimer victims don't simply inherit the disease from their parents. While there appears to be a familiar form of Alzheimer disease in which the children of people with Alzheimer disease have a 50 percent chance of developing it later in life, it may be far more common for people to inherit a predisposition to the disease. In an NIA-supported study at the Bronx Veterans Administration Medical Center in New York, Dr. John Breitner has found that Alzheimer patients are much more likely than controls to have a close relative with dementia. A brief discussion of a second particular project is included in the NINCDS's section of this report. Both of these studies lend support to the position that genetic factors play a significant role in Alzheimer disease.

THE TREATMENT OF ALZHEIMER DISEASE

Several times during the past year, the media have publicized major improvements in Alzheimer patients given experimental drugs. Each time, a closer examination has revealed that there is still work to be done. One pressing need is for a test that can show the potential of any new drugs, without knowing how reliable the tests results are.

At the Bronx Veterans Administration Medical Center in New York, NIA grantee Dr. Kenneth Davis has devised a simple test that focuses on the makor symptoms of Alzheimer disease, and can be used to evaluate patients in all stages of the disease. The test is brief, easy to administer, and can be used anywhere the patient is located. It evaluates such things as memory, language, mood and behavior; it rates the majority of the items on a five point scale of severity so that subtle changes can be detected.

Dr. Davis and his colleagues originally designed a scale with 40 items. After more than a year of trial tests, they have pared tahe list of 21 items they believe are valid and reliable measures of any change in the symptoms of Alzheimer disease.

It is hoped that the Alzheimer Disease Assessment Scale will be sensitive enough to measure the success of any future attempts to treat Alzheimer disease.

NINCDS RESEARCH

The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) conducts and supports extensive research to understand the progressive, irreversible brain deterioration of Alzheimer disease. Areas of intense research interest are changes in brain chemistry, cell death from viral infections or environmental toxins, and genetic susceptibility to the disease.

CHANGES IN BRAIN CHEMISTRY

A disruption in one of the brain's chemical messenger systems, and cholinergic system, has been implicated in Alzheimer disease. At The Johns Hopkins University in Baltimore, MD, NINCDS/NIA grantee Dr. Joseph Coyle and his colleagues have shown that one message pathway in the cholinergic system which deteriorates in the brains of Alzheimer victims also is destroyed in a rat model. This discovery might help explain:

—why the brain's cortex and hippocampus, which lie at the end of this pathway, accumulate nerve fiber tangles and plaques characteristic of Alzheimer disease, and

—why Alzheimer patients lose short-term memory governed by the cholinergic system but retain the long-term memory maintained by other chemical messenger systems.

This year, Dr. Coyle simulated cholinergic system deterioration in rats using a chemical that damages only cholinergic neurons. He found a tantalizing suggestion that memory loss associated with the rat model of Alzheimer disease may be reversible: Animals with induced cholinergic damage eventually regained some of their short-term memory.

NINCDS grantee Dr. Marek-Marsel Mesulam and his colleagues at Beth Israel Hospital in Boston, MA, this year identified a distinct group of cholinergic neurons extending from the basal forebrain along cholinergic pathways and linking selected neurons in the basal forebrain with particular regions in the cortex. The investigators had previously demonstrated that changes in such cell groups can trigger the kind of brain dysfunction associated with Alzheimer disease. Studies of the newly discovered cell group show that these cells influence a region of the brain that transmits visual and other sensory information.

EPIDEMIOLOGICAL FACTORS

A team of American and Italian investigators this year reported on the largest case-control study of Alzheimer risk factors, completing a 3-year collaborative effort of the Italian National Research Council and the NINCDS. The finding revealed that people whose brothers or sisters have any form of dementia may be 11 times more likely than others to develop Alzheimer disease. The study also provided some support for earlier observations that severe head trauma may be a risk factor for Alzheimer disease, and that babies born to mothers over age 40 may be at greater risk for dementia later in life.

This study, carried out at seven Italian medical centers under the Science and Technology Agreement between Italy and the United States, did not support risk factors suggested by earlier, smaller case-control studies: Family history of Down syndrome, previous thyroid disease, exposure to aluminum or other toxins, allergies, previous surgical procedures, habits of smoking or drinking wine, or certain personality traits. The study did suggest that diagnoses of Alzheimer disease may vary greatly according to the patient's socioeconomic status, probably because mental impairment is more noticeable in people whose education or life style reflects a certain degree of intellectual achievement.

In addition to their work on this study, NINCDS intramural investigator Dr. Bruce Schoenberg and his research team also reported this year on the occurrence of Alzheimer disease among the 24,000 residents of Copiah County, Mississippi. This landmark study measured the incidence and prevalence of various neurological disorders in a racially mixed population. The study demonstrated that the rate of Alzheimer disease is similar among both blacks and whites. The study also showed that twice as many women as men had Alzheimer disease; and that the number of Alzheimier patients increased with advancing age, from 1 percent among people aged 40 years and older to 7 percent among those 80 years and older. The range of other Alzheimer disease estimates indicates that more research in different populations may be needed to firmly establish the incidence of the disease.

THE ROLE OF INFECTIOUS AGENTS

Since the late 1960's, some scientists have speculated that Alzheimer disease might result from a so-called "slow virus" infection, caused by an infectious agent that resides within the body for years before producing devastating disease. Dr. Stanley Prusiner of the University of California at San Francisco—a grantee of the NIA and the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS)—first identified the "prion" which causes some slow infections, as well as a specific protein that is the major component of the prion. This year, Dr.

Prusiner suggested that the prion protein comes from a larger protein present in both normal and infected cells. In normal cells, the larger protein is completely broken down by ezymes; in infected cells, the defective breakdown leaves the prion intact. According to Dr. Prusiner, this prion aggregates to form a fibrous structure that resembles certain filaments found in the brains of Alzheimer patients. Dr. Prusiner is now trying to determine what might happen to change a normal cell into an enfected cell and why it appears that the larger protein behaves differently in infected cells than in normal ones.

GENETIC PREDISPOSITION

In an NINCDS-funded study of 3,500 nursing home residents completed this year, Dr. Marshall Folstein at The Johns Hopkins University in Baltimore, MD, found that in certain families with high rates of Alzheimer disease, there was evidence of an autosomal dominant pattern of inheritance. These data could mean that each child of a parent with this familial form of Alzheimer disease has a 50 percent chance of developing the disease in later life.

NIAID RESEARCH

The possibility that a slow-acting virus or other infectious agent is the cause of Alzheimer disease is based in part on the known transmissibility of certain other degenerative brain diseases in both humans and animals.

In the effort to understand the causes and mechanisms of Alzheimer disease, National Institute of Allergy and Infectious Disease (NIAIS) sicentists have sought to identify animal diseases with similar characteristics.

One animal model is scrapie, a slowly progressive disease that causes sponge-like changes in the brain of sheep and goats, and can be transmitted to a variety of animal species including mice, hamsters, and mink. Scrapie is so named because stricken animals attempt to relieve irritation by repetitive scraping against fence posts and trees. As the disease progresses, the animals degenerate steadily, become paralyzed, and die.

Scrapie infection is characterized by large fibril structures and neuritic plaques in brain tissue, features strikingly similar to pathologic findings in patients with Alzheimer disease. These plaques, which are somewhat like scars on the brain, are found in many chronic diseases, although none so far have been detected in diseases in which viruses have been proven to be the cause.

Purified samples of scrapie-infected tissue have been shown to transmit disease to healthy laboratory animals. Upon close examination, one protein—the prion protein identified by Dr. Stanley Prusiner—has been found to predominate in the infected tissue. Whether or not this protein is present in normal cells is still being explored.

Research conducted by Dr. Bruce Chesebro at NIAID's Rocky Mountain Laboratories in Hamilton, MT, is aimed at elucidating this question. Dr. Chesebro and his colleagues have discovered the genetic material for this protein in both healthy and scrapie-infected animals, indicating that the protein is probably a component of normal brain tissue.

Dr. Chesebro's studies included the examination of the brain and other organs of healthy and scrapie-infected mice. He used a chemical probe designed to detect the messenger RNA (mRNA) sequence that corresponds to the prion protein. The mRNA sequences were found in tissues of both healthy and infected animals. In no case was the mRNA specific for scrapie-infected tissue.

Dr. Chesebro suggests that prions may simply be part of a healthy cell's structure, and some aspect of the infection causes the protein to bind together to form the deposits found in infected animals. In other words, accumulated protein may be the result of scrapie infection rather than the cause.

Dr. Chesebro's work does not explain the nature of the scrapie agent. His findings do make conceivable the theory that very small virus particles may be responsible for scrapie and other slowly developing disease.

DIVISION OF RESEARCH RESOURCES—RESEARCH

Patients with Alzheimer disease often have a marked reduction in cells that produce acetylcholine, one of the neurotransmitters that allows nerve fibers to send electrical messages. The loss of these cells may be a cause of some of the symptoms of the disease. In an effort to increase nerve cell activity associated with acetylcholine, Dr. Richard Mohs and his colleagues at the Mount Sinai School of Medicine in New York City recently administered to 12 patients oral doses of the drug physostigmine, which is known to mimic the action of the neurotransmitter. The tests were conducted in the Mount Sinai General Clinical Research Center (GCRC), one of 78 such centers supported by the Division of Research Resources. Each year, scientists conduct thousands of research studies in GCRC's, which are located in major medical centers in the United States. More than 80 percent of the extramural inpatient research care funded by NIH takes place in these centers. In addition, extensive outpatient research is also carried out.

Previous studies at the Mount Sinai GCRC and other medical centers had indicated that intravenous use of the drug temporarily improved the memory of Alzheimer patients. Uniform levels of physostigmine, however, were difficult to maintain due to its short (30-minute) half-life in the bloodstream. In comparison, other tests had indicated that a constant level of the drug may be achieved if it is taken orally every 2 hours. The investigators found varying improvements in the memory, sleeping patterns, and behavior of Alzheimer patients during two studies with the drug.

In the first study, designed to find the most effective dose of physostigmine, 10 of the 12 patients significantly improved their score of the Alzheimer Disease Assessment Scale, a test that measures memory, verbal comprehension, and other functions affected by the disease. But in a followup test that compared a placebo with the physostigmine dose believed to be most effective, only three patients showed significant improvement using physostigmine; four others improved slightly.

According to Dr. Mohs, drugs that increase acetylcholine activity may help some patients with Alzheimer disease, but further research is needed to identify safer, long-acting drugs.

FUTURE DIRECTIONS FOR RESEARCH

In the coming years, the NIA hopes to continue its support for research on Alzheimer disease within the context of studies of the neurobiology of the aging brain. We will continue to expand our efforts and to exploit advances being made in the field of molecular biology and other areas of biomedical research.

Studies will focus on analyzing the protein chemistry of normal and abnormal brain structures; developing monoclonal antibodies for specific brain proteins; looking at brain enzymes, particularly those related to oxidative metabolism and neurotransmitter synthesis; and measuring the effects of toxins, infectious agents and genetic factors on brain degeneration. We also plan to continue our research into early and accurate diagnosis of Alzheimer disease, and to use improved disgnosis as the groundwork on which to establish multinational epidemiologic studies. Through a cooperative arrangement with NINCDS, NIA will provide cells from well characterized Alzheimer families to investigators studying the molecular biology and genetics of the disease. At the same time, we plan to expand our research on the behavioral and social aspects of the disease to look at such things as how families cope under such tremendous stress.

In 1984, the NIA was given authority by the U.S. Congress to establish Alzheimer Disease Research Centers. We now fund 10 such centers. The most exicting opportunity for future research on Alzheimer disease rests in the potential of these centers to act as a network for sharing new ideas as well as research results. Already, the center directors are communicating about such things as joint patient registries; shared data, tissue, and brain banks; and standardized diagnostic criteria. The Alzheimer Disease Research Centers share a common goal: to enhance research on the disease by providing the resources and environment for collaborative studies among many scientists from many different disciplines. The long-term award may be a way to cure and possibly prevent Alzheimer disease. The immediate payoff will be better care for more victims.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON AGING—AGING

Defining and understanding aging processes have become medical and social imipereatives for this century. Today, approximately 10 percent of our population is over 65; by the year 2030, this group will grow to 20 percent. this demographic shift requires that we make profound changes in our system of health care, in our methods of educating and training medical and other types of caregivers, and in our ability to provide rewarding roles for those who remain vigorous in later life.

To understand aging, scientists must examine a broad range of topics. Molecular biology, immunology, pharmacology, neurology, sociology, behavioral sciences, epidemicology, and genetics are but a few of the disciplines that must be part of any comprehensive study of aging. With such a large number of research areas, setting priorities is mandatory.

Progress in understanding Alzheimer disease—the highest research priority of the Institute—is discussed in a separate report on Alzheimer disease. Included among the many other research priorities currently set by the National Institute on Aging (NIA) are studies on falls, gait disorders, and bone fractures (including causes, treatments, and prevention strategies), urinary incontinence, and candiovascular diseases (especially hypertension). Selected NIA studies on arthritis, genetic diseases, diabetes, and hypertension are reported separatedly in the Special Reports on these topics.

Other NIA-supported studies attempt to identify the social and health care needs of the fastest growing segment of society, people aged 85 and older; to define characteristics of both healthy and ill older persons; and to identify behavioral and gender factors that either promote or hinder effective functioning. To these ends, a major focus of the NIA is developing training mechanisms for physicians, other health care providers, and scientists concerned with aging.

The ultimate goal of all research on aging is to improve the quality of life in the later years and to reduce the impact of age-related disabilities and diseases. Yet this goal does not mean that only those individuals 65 and older will be affected by the results of aging research. To bring about significant improvements in the health of future generations, people of all ages must make changes in their lifestyle, diet, and personal health care practices. Studies conducted and supported by the NIA will help define these changes.

Thus, the NIA has both a broad range of research topics to tackle and a diverse population to serve. This report highlights a few of the areas where recent programs has been made.

SYSTOLIC HYPERTENSION BECOMES MAJOR FOCUS OF RESEARCH

In the United States, more than 3 million persons over age 60 have elevated systolic blood pressure together with normal diastolic blood pressure. (Systolic refers to the first number in a blood pressure reading, e.g., the 100 in a reading of "100 over 70." Diastolic refers to the second number in the reading.) This condition, called "isolated systolic hypertensison" or ISH, is defined as a systolic blood pressure greater than 160 and a diastolic pressure lower than 90. Several epidemiologic studies have reported that persons with ISH are two to three times as likely as those without the disorder to die from stroke or other cardiovascular disease. An estimated 30,000 strokes occur each year among older persons with ISH, and the direct costs for these strokes (hospital and nursing home care) is estimated to be $1 billion. Stroke often leads to disability or death, and multiple strokes may result in multi-infarct dementia.

Acceptance of ISH as a risk factor for stroke or cardiovascular disease does not necessarily lead to the conclusion that antihypertensive treatment is desirable. There is uncertainty as to whether or not drug treatment reduces the risk of stroke or cardiovascular disease, and there are also concerns about the potential for drug toxicity and impairment in quality of life by treatment side effects in fragile older persons. Such drug risks might outweigh the benefits of any reduction in disability and death resulting from untreated ISH.

To determine the benefits and possible undesirable effects of lowering blood pressure in elderly patients with ISH, the NIA and the National Heart, Lung, and Blood Institute (NHLBI) are cosponsoring the Systolic Hypertension in the Elderly Program (SHEP). Phase I of this long-term clinical trial was a double-blind pilot study conducted on approximately 500 patients with ISH who were randomly assigned to either a treatment group or a placebo group. The major findings of the pilot study were as follows: Chlorthalidone (a diuretic) reduces systolic blood pressure in the elderly when used in a modest dosage of 25 milligrams per day; the adverse side effects of chlorthalidone were slight and manageable; cognitive function was not influenced by drug treatment; and elderly patients can be recruited and demonstrate a high level of compliance with treatment regimens.

Based on the results of this pilot study, a full-scale randomized trial was started in 1985. Its primary purpose is to provide definitive answers to questions posed in the pilot study. Seventeen clinical centers across the country and one coordinating center have been established to recruit and treat the patients. It is anticipated that to recruit 5,000 patients it will be necessary to screen approximately 250,000 people over age 60.

By drawing attention to a condition once believed to be a benign and even inevitable sign of aging, this study has the potential to prevent or delay thousands of cases of fatal and nonfatal stroke and other cardiovascular diseases.

In a related project, the NIA and the NHLBI recently issued a request for research grant applications (RFA) on mechanisms responsible for age-related increases in blood pressure. Despite the general upward trend in blood pressure with age, there is marked variability in change of blood pressure among individuals, and some older persons exhibit no significant age-related increase throughout adult life even in the eighth and ninth decades. Epidemiologic studies have identified more than 20 nonindustrial societies in which there is little or no rise in blood pressure with aging and hypertension is virtually absent. These societies are very diverse in race, habitat, diet, and lifestyle. It has been repeatedly demonstrated that when subsets of these populations migrate or change to a more Westernized mode of life, age-related increase in blood pressure appears, indicating that they are not genetically protected from rising blood pressure. An improved understanding of the mechanisms responsible for rising blood pressure with age in certain societies might lead to preventive interventions.

LINK DEMONSTRATED BETWEEN HIGH BLOOD PRESSURE AND MEMORY IMPAIRMENT

Two prevalent health problems in the elderly appear to be related. The first largescale population-based studies of elderly individuals, entitled Established Populations for Epidemiologic Studies of the Elderly (EPESE), has demonstrated a link between one type of hypertension and memory function.

Early results are reported by NIA contractor Dr. Robert B. Wallace and colleagues at the University of Iowa, Iowa City. Memory tests conducted on a large, rural elderly population confirm the relationship between memory and hypertension that, until now, has been observed only in much smaller studies of younger adults. Subjects were read a list of 20 words and immediately asked to recall as many as possible. Significantly lower memory scores were found among both men and women with *diastolic* hypertension, but not those with ISH.

No relationship was found between the memory test scores and the use of antihypertensive medication or amount of physical activity.

Dr. Wallace warns that these findings do not necessarily imply a causal connection. Rather, some underlying process, either genetic or environmental, may be responsible for the development of these concurrent problems. Furthermore, the prevalence of both hypertension and cognitive decline tends to increase with age, compounding the problems associated with either condition.

These results point to the need for additional information about this relationship and demonstrate that large-scale studies using simple memory tests are indeed feasible.

BEHAVIORAL THERAPY REDUCES URINARY INCONTINENCE

Urinary incontinence is a common disorder that affects not only many institutionalized patients, but also many community-dwelling men and women. Estimates indicate that about half of all nursing home residents and 7 to 14 percent of noninstitutionalized adults are incontient of urine.

Intramural scientists at the NIA's Gerontology Research Center (GRC) in Baltimore, Maryland, have been investigating the therapeutic effectiveness of a combination of physical therapies and behavioral training procedures in elderly patients affected by either stress incontinence, bladder hyperreflexia, and urge incontinence.

Of these three common types of urinary incontinence, stress incontinence is the most prevalent form, affecting almost half of all women at some time during their lives. It is characterized by the involuntary loss of small amounts of urine. This loss is produced by such events as coughing, sneezing, or lifting an object. Patients with hyperreflexive bladders and urge incontinence often experience a problem when their bladders contract prematurely or suddenly and in an uncontrollable manner. By the time they realize this event has occurred, it is often too late to avoid wetting. This condition may occur as the result of a stroke or other derebrovascular event, some other disease such as diabetes, or prostatectomy (removal or resection of the prostate gland). Usually the cause is unknown.

GRC investigators worked with 39 elderly patients on an outpatient basis. Nineteen were identified as having stress incontinence; the remaining 20 had either bladder hyperreflexia or urge incontinence. Those patients with stress incontinence were initially placed on a habit-training program, which involved regular voiding at 2-hour intervals. Patients underwent one to eight sessions of biofeedback therapy. This involved visual feedback of bladder and sphincter pressures critical to the patients' learning exercises to strengthen their pelvic floor muscles. This training helped them to avoid incontinence during periods of physical stress.

The 12 subjects with bladder hyperreflexia and the eight with urge incontinence also began with behavioral interventions. In these patients, however, emphasis was placed on learning how to cope with the urge to void. Patients needed to learn how to voluntarily inhibit their bladders during the contraction stage to prevent bladder contractions and to use their sphincter and pelvic floor muscles to avoid leakage.

The patients with stress incontinence required an average of 3.5 training sessions to achieve some degree of urinary control. Overall they reduced their frequency of incontinent episodes by an average of 82 percent.

Patients with bladder hyperreflexia also improved significantly. Subjects showed an 85 percent overall improvement, with several becoming fully continent. The urge incontinent subjects fared even better, averaging a 94 percent decline in urge-related accidents.

Overall, about one-third of the patients seen by the GRC investigators achieved total continence following therapy. Equally impressive, more than half experienced no accidents or only one accident per week after treatment.

These encouraging results suggest that behavior therapy is an effective method for treating three major types of urinary incontinence in healthy, cognitively intact older men and women. Clinically, this procedure has the potential for significantly reducing the medical and social problems linked to this frustrating condition. Building on these studies, five clinical trials of behavioral therapies in both institutionalized and community populations are under way in cooperation with the Division of Nursing, Health Resources and Services Administration. In addition, the GRC investigators are extending their intervention studies to incontinent residents of a nursing home/chronic hospital facility at the Francis Scott Key Medical Center of the Johns Hopkins University in Baltimore, in collaboration with the Health Care Financing Administration.

UNDERSTANDING AND PREVENTING CAUSES OF HIP FRACTURES BECOME MAJOR RESEARCH PRIORITIES

Hip fractures are a major source of disability and death for older people. People over 65 account for 84 percent of the more than 200,000 hip fractures that occur each year in the United States. If no treatment or prevention advances are made, the number of hip fractures will increase sharply to more than 300,000 per year by the year 2000. Personal and societal consequences of hip fractures include increased nursing home and hospital admissions, dependency on rehabilitation services and devices, restriction of daily activities, and emotional suffering.

Approximately one in five hip fracture victims dies of complications attributable to the fracture, and 1 year after a hip fracture, 20 percent of the surviving victims cannot walk. In the United States alone, the annual costs associated with hip fractures were estimated in 1977 to be over $7 billion.

Hip fractures are directly related to loss of bone strength caused by osteoporosis. Also, since hip fractures in older persons generally occur only after a fall, an increased risk of falling is an additional related cause of fractures.

For some time scientists have recognized the importance of understanding osteoporosis, and research projects continue to yield useful information about the causes, treatments, and prevention of this disorder. More recently, attention has been directed at the problem of falls and gait disorders as they relate to fractures. It is increasingly clear that osteoporosis alone is not the sole or even primary cause of most hip fractures. Victims must experience a trauma, usually a fall, in order to break a bone. For several years, the NIA has stepped up efforts to encourage and support research in the complex area of falls and gait disorders.

Some of the progress made in the last year in the areas of osteoporosis and falls/gait disorders is discussed below.

Osteoporosis

Osteoporosis is a degenerative bone disease affecting as many as 20 million Americans, most of them over 50 years of age. The disease results in brittle, fragile bones, especially among thin, white women.

At least two, and possibily more, subtypes of osteoporosis exist, according to NIA grantee Dr. B. Lawrence Riggs and associates at the Mayo Clinic in Rochester, MN. Type I or "postmenopausal" osteoporosis is associated with estrogen deficiency in women and begins to show symptoms 10 to 15 years after menopause. Low, oral doses of estrogen are effective for slowing the rate of bone loss in at-risk women, and may prevent osteoporosis-related hip and wrist fractures. Estrogen replacement therapy has been shown to slow bone loss when begun as late as 6 years after menopause. Dr. Riggs and colleagues are evaluating the effects of treating patients with estrogen combined with progestin (another hormone), which may reduce the related risk of endometrial cancer.

Scientists speculate that the body's decreasing ability to absorb calcium contributes to Type II osteoprosis. This subtype occurs primarily in men and women over the age of 75 and, compared with Type I osteoporosis, results in more gradual bone loss. The effectiveness of calcitonin, a hormone that affects calcium metabolism, is being studied by Dr. Charles Chesnut III at the University of Washington General Clinical Research Center (GCRC) in Seattle. Dr. Chesnut's work is supported by the NIA and the Division of Research Resources.

Calcitonin appears to increase indirectly the amount of calcium absorbed from the diet and incorporated into bone. The hormone is one of several that control the natural formation of new bone and the breakdown of old. Regular doses of calcitonin given to postmenopausal women might lower their chance of developing osteoporosis, according to Dr. Chesnut. The hormone also seems to prevent postmenopausal osteoporosis from worsening. On the basis of the University of Washington GCRC study and another study conducted at Brookhaven National Laboratory on Long Island, NY, the Food and Drug Administration recently approved calcitonin for treatment of patients with osteoporosis.

Vitamin K is another nutrient (besides calcium and vitamin D) that may be implicated in osteoporosis. Vitamin K is essential for the synthesis of osteocalcin, a protein with calcium-binding properties needed for the mineralization of bone. Under the direction of NIA grantee Dr. Paul M. Gallop at the Harvard University and Children's Hospital in Boston, researchers have discovered that Gla (gamma-carboxyglutamic acid), a component of osteocalcin, is excreted in the urine and may be a reliable indicator of vitamin K deficiency and the status of bone metabolism. The investigators hope to perfect a noninvasive method of detecting osteoporosis by measuring serum osteocalcin and urinary Gla.

The value of exercise for preventing bone loss in men has been demonstrated by a team of experts in Honolulu, HI. NIA-supported researchers at Kuakini Medical Center found that strenuous exercises—jogging and racquetball, for example—performed at least once a week were related to higher bone mineral content. Dr. Richard Wasnick, Director of the Kuakini Center, is also studying the effectiveness of estrogen combined with thiazide, a diruetic used for the treatment of hypertension which also decreases the loss of calcium in the urine. Women who have received this combination treatment and men who have taken thiazide on a long-term basis for hypertension show beneficial effects on bone mineralization. Studies are continuing on the potential therapeutic value of this drug.

Other positive results in studies of exercise were achieved by NIA grantee Dr. Everett L. Smith and associates at the University of Wisconsin in Madison after a 3-year regimen of stretching, aerobics, and upper-body conditioning in women experiencing menopause. The Wisconsin team has observed seasonal changes in bone mass which may reaffirm the usefulness of sunlight in preventing weak bones. To what extent these changes in bone mass are attributed to variations in physical activity and diet brought about by the change of seasons is unknown at this time.

At the NIH Consensus Development Conference on Osteoporosis (held in April 1984), it was concluded that the National Research Council's Recommended Dietary Allowance (RDA) for calcium of 800 mg daily is too low, particularly for postmenopausal women and possibly for elderly men as well. The Consensus Panel recommended that an increase in calcium intake to 1,000 to 1,500 milligrams a day beginning well before the menopause will reduce the incidence of osteoporosis in postmenopausal women. In addition, the Panel noted that normal levels of vitamin D are required for optimal calcium absorption. Persons who do not receive adequate daily sunlight exposure, such as those confined to home or to a nursing facility, are at special risk for vitamin D deficiency. The current RDA for vitamin D is 400 International Units daily.

Falls and Gait Disorders

Gait, balance, and posture are complex functions that are often altered by disease and aging processes. The relationship between gait disorders and falling episodes is unclear, and attempts by investigators to correlate various dysfunctions in the central nervous system with frequency of falls have not produced precise conclusions.

For some time, it has been recognized that many older people, especially the infirm and the homebound, lose lower extremity strength and experience a decline in gait speed and step size. Despite this recognition, the relationship of ankle-flexing ability and ankle and knee strength to risk of falling has not been thoroughly examined in older individuals. Now, researchers at the Albert Einstein College of Medicine in Bronx, NY, participating in a Teaching Nursing Home project sponsored by the NIA, have conducted such studies in a group of nursing home residents.

Dr. Leslie Wolfson and colleagues studied muscle strength and flexing ability of the knees and ankles in two groups of nursing home residents. The 17 subjects in the study group ("fallers") had a history of one or more unexplained falls in the prior year; they were compared to 17 similar but non-falling control subjects. The participants were screened to eliminate those who had defined reasons for falling, such as previously diagnosed neurologic disease, severe arthritis, or severe vision problems.

Four muscle groups in the knees and ankles were examined by the researchers. Compared to the non-fallers, the fallers were found to have a significant decrease in strength of the knees and ankles. Ankle-flexing ability in fallers was markedly diminished compared to non-fallers. Ankle neuromuscular dysfunction in the elderly faller may account for postural instability in general, and extreme loss of flexing ability may be particularly responsible for backwards falls.

These findings add to the small but increasing body of knowledge about the effects of specific physiological changes associated with older age and the risk of falling. The recognition of possible deficits in the neuromuscular components that control balance and gait could lead to the development of methods to strengthen and retrain coordinated function in this critical area.

In November 1985 the NIA issued a Request for Grant Applications on the topic of neurologic, muscular, perceptual, and cardiovascular aspects of falls and gait disorders in elderly persons. Investigations being solicited include those that will identify both the physical factors and the underlying pathological or physiological mechanisms responsible for the various types of falls and disabling gait disorders common in older people. This invitation to the research community to focus attention on this important topic reflects the Institute's viewpoint that falling and gait disorders are not an inevitable accompaniment of old age, but are the result of diseases and potentially treatable conditions. Results from such research will help investigations design future clinical trials of interventions to prevent falls and gait disorders.

In another effort to provide directions for future research on falls and gait disorders, the NIA sponsored a workshop in 1984 on the biologic and behavioral aspects of falls in the elderly. In August 1985, the proceedings of this workship were published in the *Clinics in Geriatric Medicine.*

Clinics in Geriatric Medicine

The papers published in this volume focus on the causes of falls and their contribution to injuries in older people. Although prevention strategies were not the main focus of the workshop, a better understanding of the causal factors involved in falls can lead to better ways of preventing such accidents. This publication should help stimulate new research projects that will ultimately lead to a more thorough understanding of falls.

NEW STUDIES ON THE VERY OLD PROVIDE VALUABLE DATA

The number of persons over age 85—the oldest old—is growing more rapidly than any other segment of the American population. In 1980 they included 2.3 million people and by the year 2000 are expected to reach 4.9 million; by 2040, when the baby boom cohort reaches its ninth decade, the oldest old are expected to total 13 million.

Census data gathered from people over 85 years old have often been inaccurate in the past. This has been due in part to illiteracy, inhibitions about stating true age, and incorrect records of birth dates. Additionally, there have been no accurate studies of the health, education, income, and other general characteristics of this population.

NIA grantee Dr. Ira Rosenwaike, a demographer at the University of Pennsylvania in Philadelphia, has recently completed a series of studies in which he has reevaluated existing Census data on this diverse population.

Among other things, Dr. Rosenwaike found that, although income of the extremely old is on the rise, it is unequally distributed. His data confirm two previous findings: that more very old women than men are dependent upon government programs and that women far outnumber men at the oldest ages. Although the number of chronically ill elderly in this age bracket is growing rapidly, there is a clear trend within the healthy segments of this population toward living independently for as long as possible. However, in geographic areas where there are large proportions of people over the age of 85, it is predictable that all aspects of life that involve health care provision and social services will be significantly affected.

As a result of these studies, Dr. Rosenwaike emphasizes that living longer does not necessarily mean living better. He is convinced, based upon his studies, that alternative community services will have to be developed for the great number of old people in our future communities. "Population growth through decreased mortality may not attract as much attention as the baby boom," according to Dr. Rosenwaike, but the justification for studying the extemely old lies in socioeconomic reality. Researchers and planners in gerontology will need to institute the necessary provisions for the tremendous growth of people over 85 years old which our society will continue to experience.

OLDEST OLD SHOW GENDER DIFFERENCES IN PHYSICAL AND MENTAL HEALTH, BUT NOT IN ABILITY TO FUNCTION

NIA grantee Dr. Marie Haug at Case Western Reserve University in Cleveland, OH, in examining longevity and gender differences in the elderly, has found that women over age 85 experience greater physical and mental impairment than men the same age, while the ability to function in daily activities is similar in the two sexes (see Figure 1). Though these are early findings, the implication for the general population is that men tend to remain relatively healthy for a greater part of their lives whereas women tend to develop more chronic physical and mental diseases that result in longer periods of illness.

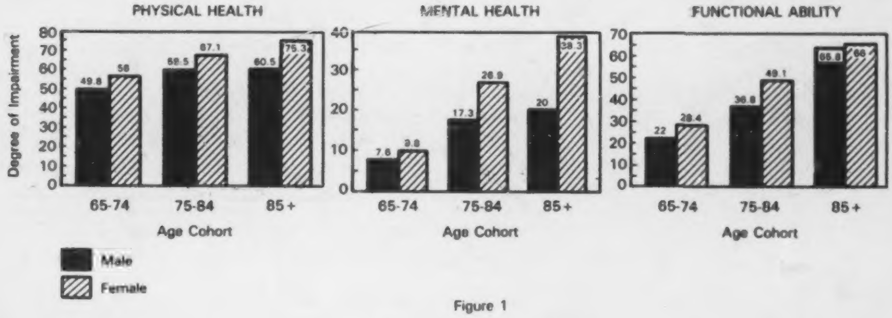

Figure 1

These are preliminary results from a 1984 follow-up [1] of survivors of the sample from the original 1975 Cleveland General Accounting Office study on the elderly; the characteristics of these subjects were found to be simlar to those of elderly persons throughout the country. Dr. Haug's results point to the possibility that the use of health resources by older people in future years will vary depending on gender—with women more likely than men to require formal medical care.

USE OF PHYSICIAN SERVICES FOUND TO DECREASE AMONG THE VERY OLD

A survey of health care services use reveals a decline in the use of physician services among octogenarians. This phenomenon was observed in a recent study of health care utilization among 50,000 community-residing older persons. Dr. Fredric Walinsky at Texas A&M University in College Station analyzed cohorts of persons aged 56–59 and 84–87 over a period of 8 years. The first phase of the project confirms the conventional wisdom that the use of health care services increases with age. An unexpected and unexplained phenomenon was noted, however: Among the oldest subjects, there was a slight decrease in the use of physician services. Because of the lack of data on the very old, it is unknown whether this decline in the use of physician services continues among those in their 90's and beyond.

Phase II of this study will involve further analyses to determine the relationship between race, sex, insurance coverage, and health status and the use of health care services among older persons. It is hoped that this phase of the project will shed light on the patterns of health care utilization, particularly among the oldest subjects.

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[1] The project was part of an NIA Teaching Nursing Home grant under the general direction of Dr. Amasa Ford.

HUMAN FACTORS ENGINEERING OFFERS PRACTICAL APPROACHES TO EVERYDAY PROBLEMS OF OLD PEOPLE

Opening a refrigerator door may not seem that difficult a task—unless you suffer from arthritis or the seal that holds the door closed is stronger than you are.

Soon, computers and robots may be available to assist people who struggle to do the many things normally taken for granted. While 95 percent of all elderly persons live in their own homes, many require some kind of assistance in order to cope or merely to do the things they have always done. For several years, the late Dr. Martin Faletti received an NIA grant to examine some of the problems that healthy older people, and older people with physical disabilities, might encounter when doing daily household tasks and routines.

Dr. Faletti and his colleagues at the Miami Jewish Home and Hospital for the Aged in Miami, FL, have looked at how Parkinson's disease and other neuromuscular disorders can make a chore of something as simple as getting in and out of a chair, how arthritis can affect an old person's ability to make a meal, and how technology might address these and other problems.

Of course, many older people live with family members who can accommodate such simple needs. Those who live alone can hire home aides to help with cooking and cleaning, but such care is often expensive, if available. Dr. Faletti's research is being applied toward a full range of efficient affordable devices—from a comfortable chair that assists the person trying to stand to a robotic arm that can pour a cup of coffee or open a screw-top jar. Technology is even envisioned which someday might make a full meal.

Dr. Faletti's collegues hope to move beyond the kitchen to other rooms in the house and to look at other types of household chores. They also hope to create the software to convert what is now a computer-based robotic system into a voice-activited one, and at the same time, to build in an emergency call system. This type of human factors research is designed to help keep older people active, independent, and out of institutions.

EARLY RETIREMENT IS INFLUENCED BY TYPE OF OCCUPATION

New findings from a recent labor force analysis suggest that the type of work one has been engaged in may affect when one retires. Dr. Mark D. Hayward of the Battelle Memorial Institute in Seattle, WA, reports that white collar workers and manual laborers are influenced by different factors when making early retirement decisions.

A survey of 15 million men revealed that those in what are called "primary sector" jobs—which require high cognitive ability and social skill and afford greater choice and flexibility—are more likely to retire before age 62 than men in "secondary sector" jobs—which are more physically or environmentally demanding. However, when those in primary sector jobs decide to continue working, they remain in the labor force longer than those in secondary sector jobs.

Features of primary sector jobs that appear to increase the likelihood of early retirement are tenure, wages, compulsory retirement regulations, and employer-provided pension programs. Workers in these jobs report better health, better pension coverage, higher educational levels, and greater assets. No one attribute, however, stands out as the sole contributor to the likelihood of early retirement.

Manual laborers were less likely than their primary sector counterparts to give poor health as the reason for retirement. Dr. Hayward speculates that such workers, being less able to cope with the financial costs of health care after retirement, value the economic benefits of work. Secondary sector workers also may view leisure time as having negative connotations, and continue to work as a means of preserving self-esteem.

The study also finds that, among secondary sector employees, double pension coverage does not significantly increase the odds of retirement before age 62. This indicates that past research may have overestimated the pecuniary influence of pension benefits and challenges the notion that pensions may provide "avenues of escape" from unpleasant work environments. Age-eligibility criteria for pension benefits may play a role in early retirement decisions as well. Such findings could have important implications for formulating private pension policy and retirement incentives for older workers.

PSYCHOSOCIAL RISK FACTORS ARE IMPORTANT DETERMINANTS OF HEALTH IN OLDER PERSONS

While it has long been intuitively known that lifestyle factors are important to one's health, scientific evidence is accumulating which show this to be true, not only among the middle-aged, but also for older people. Longitudinal research demonstrates that behavioral characteristics as well as aspects of social and psychological life are significantly related to the risk of disease and physical disability.

Such is the contention of NIA grantee Dr. George E. Kaplan, at the California Department of Health Services in Berkeley. The results are based on the well-known Alameda County study. In this study, 7,000 residents between the ages of 16 and 94 were followed between 1965 and 1983. Subjects were interviewed at 9-year intervals on measures of physical and psychosocial well-being to assess age-related changes associated with risk factors from mortality, morbidity, and functional disability.

Smoking, physical inactivity, and being over- or underweight were found to be important behavioral risk factors for persons of all ages.

Those older persons who were socially isolated were found to be at a 20 percent higher risk for mortality than those who reported frequent contact with close friends and relatives. Similar results were seen for those living in poverty areas.

The investigators also measured functional impairment caused by a chronic condition acquired during the study (e.g., diabetes, stroke, arthritis). Two factors—being unmarried and being depressed—were most frequently associated with risk of disability.

Dr. Kaplan asserts that the associations of psychosocial and behavioral risk factors are at least as strong as biological risk factors and serve as important determinants of health in old age. The study finds no evidence to support the statement that risk factors are unimportant for older people, as some have suggested. In fact, the results argue strongly against the notion that poor health and disability are the inevitable consequence of old age, and suggest the validity of preventive health interventions for all ages.

CASE EXAMPLES SHOWN TO BE MORE EFFECTIVE THAN STATISTICS IN CONVEYING HEALTH INFORMATION

Recent research points to the effectiveness of imagery as a means of conveying important health information to older persons. The use of vivid illustrations and case examples greatly increases the impact of health promotion messages. NIA grantee Dr. Karen S. Rook at the University of California at Irvine finds this strategy to be especially relevant in reaching elderly persons who may have difficulty remembering abstract information.

In a review of the content of 49 health promotion brochures, Dr. Rook found that less than 2 percent of the publications cited case histories; information on how to modify health practices was present in only 12 percent; and advice on how to cope, or answers to anticipated questions, was provided in 16 percent of the brochures. On the other hand, more than 50 percent of the publications emphasized statistical information (abstract) on the magnitude of a health threat.

In further exploratory studies comparing the impact of case histories to abstract information, Dr. Rook has found vivid information to be a more persuasive method of communication among both younger and older women. Specifically, those women who were most apathetic about a potential health threat were most likely to be influenced by the vivid case history. The technique is also effective for younger persons who may perceive the information to be of little personal relevance. It is this population for whom early intervention is particularly important in preventing the consequences of degenerative diseases like osteoporosis.

The primary consideration in designing health education messages is to make the information as realistic and personally meaningful as possible. Dr. Rook also suggests that messages be realistic about what to expect—the good as well as the bad. She advises health educators to incorporate suggestions on how to cope with undesirable effects of the new behaviors.

Although the use of vivid messages enhances recall, its actual impact on health behaviors is still unclear. The results of these studies, however, provide guidelines for more effective communication of health research materials to target audiences.

NATIONAL CANCER INSTITUTE

The National Cancer Institute (NCI) funds many areas of research concerned with cancer and aging. These include epidemiologic studies that help to assess the age-specific occurrences of some cancers; basic biological studies that seek to define the cancer process in individuals of all ages; and studies that address the particular problems of the older cancer patient—including prevention, detection, treatment, and support systems.

Many cancers occur more frequently with advanced age; the incidence of prostate cancer, for example, rises sharply for men after age 40. NCI is sponsoring long-term, controlled trials to determine the most effective methods of hormonal therapy for this form of cancer. One approach under active clinical investigation is the use of LHRH agonists. LHRH (luteinizing hormone-releasing hormore) is a hypothalmic hormone that controls sex hormones in men and women. When given in large doses on a long-term basis, agonists of LHRH—compounds that are structurally similar to LHRH—suppress the production of the male hormone testosterone. Dr. Fernand Labrie of Laval University of Quebec, Canada, has developed a treatment for advanced prostate cancer that combines LHRH agonists with flutamide, a pure antiandrogen drug, in an attempt to suppress all male hormones, including the low levels of androgen produced by the adrenal glands.

The NCI's cooperative groups of cancer specialists throughout the United States are testing this new treatment for prostate cancer. In the past year, a major study began to compare treatment with LHRH agonists alone and in combination with a pure ntiandrogen. About 600 patients are expected to participate in these trials.

Another major cancer affecting predominantly older age groups is lung cancer. This disease is expected to claim more than 125,000 lives in the United States in 1985. Under contract to NCI, Dr. Richard S. Schulof and coworkers at George Washington University Medical Center, Washington, DC, reported in the April 1985 *Journal of Biological Response Modifiers* that, among 42 postradiotherapy patients with non-small cell lung cancer, administration of a synthetic thymic protein improved overall and disease-free survival, particularly in patients with non-bulky tumors. The protein, a synthetic form of thymosin, appeared to help reverse some of the radiation-induced suppression of the patients' immune systems, a common side-effect of radiotherapy. Thymosin is believed to help immature immune cells grow and develop. The George Washington University scientists are now treating other types of lung cancer with this protein, and NCI cooperative groups, comprised of participating physicians from many institutions, will be studying the use of thymosin in expanded, multicenter clinical trials.

Ways to improve the treatment outcomes and quality of life in cancer patients, particularly older patients, are always being sought by NCI. NCI grantees Dr. Barrie R. Cassileth and coworkers at the Unviersity of Pennsylvania Cancer Center, Philadelphia, reported in the June 13 *New England Journal of Medicine* that social and psychological factors played no discernible role in extending survival or time to relapse in 359 patients diagnosed with cancer. The scientists studied patients whose cancers were too far advanced for surgery and patients with Stage I or II breast cancer or melanoma. This study did not address the possibility that psychosocial factors or events might influence either the cause of the disease or the outcome for patients with more favorable cancer diagnoses. The study does suggest that, for patients with advanced cancers and patients at high risk of recurrence, the inherent biology of the disease alone determines prognosis, overriding the potential influence of psychosocial factors.

At the Center for the Study of Aging and Human Development at Duke University in Durham, NC, NCI grantees recently reported the results of a large cooperative group study of the impact of age on the response to treatment, survival, and drug toxicity in patients with multiple myeloma. Drs. H. J. Cohen and Alfred Bartolucci reported in the September *American Journal of Medicine* that older patients experienced no more toxicity resulting from chemotherapy than did younger patients. These results may encourage more aggressive—and successful—treatment for many older patients.

THE NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

The National Center for Health Services Research and Health Care Technology Assessment (NCHSR) seeks to create new knowledge and better understanding of the processes by which health services are made available and how they may be provided more efficiently, more effectively, and at lower cost.

NCHSR is the primary source of Federal support for research on problems related to the quality and delivery of health services. NCHSR responds to the need for better data and information, new techniques, and innovative methods for improving health care delivery. NCHSR programs evaluate health services assess technologies, and improve access to new scientific and technical information for research users.

NCHSR's research is targeted to the needs of health care policymakers, including executive and legislative officials at Federal, State, and local levels; those who operate hospitals and other health care institutions; and individuals who are responsible for health care expenditures.

The NCHSR extramural research program provides support for investigator-initiated projects in health services research conducted at universities; nonprofit organizations in institutions, such as teaching hospitals; and by industry. The intramural research program conducts studies that have immediate as well as long-term relevance.

DIVISION OF INTRAMURAL RESEARCH

LONG-TERM CARE PROJECT

The Division of Intramural Research's Long-Term Care Project is conducting research on the financing and delivery of long-term care. Survey data collected by NCHSR are being compared to responses from an AARP survey to assess consumer interest in purchasing insurance for long-term care. Demand models are being estimated to help assess the market for such insurance. Other data requirements for developing long-term care insurance also have been examined and existing data sets are being explored for their usefulness in clarifying the feasibility and implications of alternative benefit features. Longitudinal data from a study of San Diego nursing homes have been used to examine the effect of multiple admissions on length of stay. These data are also being used to explore the clinical course of nursing home patients over time.

The San Diego data are from a recently completed research experiment to test the effectiveness of case-mix incentive payments to encourage more appropriate use of nursing homes, better outcomes in nursing home patients, and reductions of hospital backup. The study found that the tested reimbursement system did improve access for heavily dependent Medicaid patients but did not affect patient care outcomes. Secondary analysis of these data will further clarify considerations for successful implementation of nursing home case-mix reimbursement.

Research is also being undertaken to determine the feasibility of modeling the major elements of the long-term care system at the state and local level. The goal is to establish a flexible framework that can be used to assess the consequences of alternative strategies for servicing the health care requirements of an aging population. Existing research and data on relevant issues will be analyzed as the initial basis for the modeling effort.

NCHSR INTRAMURAL RESEARCH

HEALTH SERVICES FOR THE AGED STUDIES PROGRAM

The aging of the U.S. population has heightened public and private focus on the health, social, and residential services required by individuals who have lost the ability to function independently because of physical and mental impairments. The increasing risk, with age, of incurring such impairments, coupled with the rapid growth of the elderly will continue to be an important issue for public and private policies. The Health Services for the Aged Studies Program (HSASP) was initiated by NCHSR in 1985 to conduct research in three areas related to health, social and residential services for physically and mentally impaired elderly.

—Nursing Home Admission and Use
—Home and Community-Based Care
—Supply of Health, Social, and Residential Service

The HSASP completed two analyses in fsical year 1985 which are of particular relevance to health policy for the elderly:

(1) An analysis was completed on the private expenses for home-based long-term care for elderly with limitations in activities of daily living (ADL) and instrumental activities of daily living (IADL). Data for the study were available from the 1982 Long-Term Care Survey of noninstitutionalized elderly Americans. The study found that the amount of out-of-pocket payments expended were associated with health status, family income and other personal characteristics of the disabled person. In addition, high amounts of out-of-pocket payments were strongly associated with "risk factors" of nursing home admission such as prior nursing home residency.

(2) An analysis is being conducted on the informal caregivers of the disabled elderly residing in the community. Data from the 1982 Survey of Caregivers are being analyzed to provide a national profile of the informal caregiver network. Demographic and socioeconomic characteristics of the caregivers are being analyzed to

identify who assumes the responsibility for the care of impaired elderly persons. Second, analyses to assess the level of caregiver burden is being conducted to determine the degree of emotional strain, the direct financial costs and the opportunity costs with respect to work and social responsibilities. Reports from these analyses will be available early in 1986.

NATIONAL HEALTH CARE EXPENDITURES STUDY

The National Health Care Expenditures Study (NHCES) of the Division of Intramural Research engaged in a number of activities in fiscal year 1985 which are of relevance to health polilcy for the elderly. Planning was begun for the 1987 National Medical Expenditure Survey (NMES), which will collect a substantial amount of new information on the elderly and long-term care. The NHCES group also published or completed a number of studies in fiscal year 1985 based on the 1977 National Medical Care Expenditures Survey (NMCES).

NMES will have two primary components: A household survey of 14,000 households in the civilian non-institutionalized population and a survey of 13,000 residents of nursing and personal care homes, psychiatric hospitals and facilities for the mentally retarded.

The household survey will include an oversample of groups of particular policy interest: The elderly, blacks, Hispanics, the poor and near poor, and persons with functional limitations. In addition to the core data on use, expenditures, health insurance and sociodemographic variables, the 1987 NMES household survey will have a new focus on long term care. For example, data will be obtained on charges and sources of payment for both formal and informal caregivers and on various measures of health status and functional limitations of the noninstitutionalized long term care population.

The institutional population component will sample 700 nursing and personal care homes, 775 facilities for the mentally retarded, and 200 psychiatric hospitals. The resident sample of 13,000 patients has been designed to represent persons who were residents of such institutions on January 1, 1987, and persons who were admitted during 1987. Data will be obtained on health status and functional status; 1987 institutional charges and sources of payments; expenditures and sources of payment for care provided to sample patients by physicians, acute hospitals and other noninstitutional providers during 1987; and length of stay. These data will be supplemented by information obtained from surveys of the next of kin or community respondents. Data will be obtained on the health status and functional limitations of sample patients prior to admission, characteristics of family members, and supplementary data on use, expenditures and sources of payment during 1987.

Studies published by members of the NHCES staff in 1985 include:

Private Health Insurance of the Medicare Population and the Baucus Legislation; Cafferata, G.L.; Medical Care, 1985.—The appropriateness of the benefits associated with the private insurance coverage of the Medicare population has been the subject of considerable concern. Section 507 of the Social Security Amendments of 1980, also known as the Baucus legislation, reflects public concerns about the level of benefits in relation to premiums, duplicative coverage, the complexity and difficulty of insurance terminology, and marketing abuses. Data from NMCES provided useful baseline data on the distribution of Baucus-like plans. In 1977, private insurance held by the Medicare population was more likely to cover inpatient than outpatient services and to emphasize "first dollar" benefits for long-term care. Multivariate analyses show that the distribution of Baucus-like insurance policies is highly associated with health status, source of insurance, region, and place of residence. The importance of state regulation, suggested in other research, may account for these patterns.

The Elderly's Private Insurance Coverage of Nursing Home Care; Cafferata, G.L.; American Journal of Public Health, 1985.—About 40 percent of Medicare beneficiaries had private insurance coverage of skilled nursing facilities (SNF) in 1977. Data from NMCES show that among such persons, about 85 percent had full coverage of Medicare's Part A copayments for days 21–100 but only 15.7 percent had maximum coverage of at least 365 days of care or a benefit of $100,000 or more. The most comprehensive benefits are found among persons with middle or high incomes; more generous first-dollar coverage is found in the North Central and South regions, and more generous maximums in the West.

Use of Home Health Services: Some Findings from the National Medical Care Expenditure Survey; Berk, M.L., and Bernstein, A.B.; Home Health Care Quarterly, 1985.—Data from NMCES are used to produce national estimates of the use of and sources of payments for home health care services for various demographic groups. The findings indicate that while age and health status are strongly associated with home health care use, the majority of persons using services are neither elderly nor limited in activity. In addition it was found that private insurance is only rarely mentioned as a source of payment for home health care.

DIVISION OF EXTRAMURAL RESEARCH

NCHSR's Division of Extramural Research supported a number of projects in fiscal year 1985 on issues related to the elderly and long-term care.

New Starts in fiscal year 1985 include:

"ADL Change for Elderly at Risk of Institutionalization" (Katz).—A study of Activities of Daily Living (ADL) to determine which factors are associated with a change in functional status and the relationship between this change and utilization of health services by the elderly. It is expected that the ability to predict ADL change over time would allow communities to better assess the changing mix of residents and in turn better project their service needs and the community's future financial liabilities.

"Paying Physicians for Geriatric Care" (Butler).—A consensus conference to investigate the appropriateness of third-party payment of geriatric services in primary care settings by assessing the state of knowledge, identifying issues and questions needing futher study, and discussing innovative payment methods. The approach will include a survey of 50 physicians regarding their encounters with aged patients. A report of the survey will guide the final topic selection and discussion at a conference of about 60 invited participants including practitioners in geriatric care, public and private payer and third-party representatives, and administrative, legislative, and research specialists in geriatric health economics and policy.

"Consistently High and Low Elderly Users of Medical Care" (Freeborn).—An analysis of the patterns of ambulatory care use by aged members of Kaiser's (Portland, OR) Health Maintenance Organization (HMO) to detemine what factors differentiate consistently high and low users of service. Improved understanding of these factors could lead to the design of cost containment initiatives.

"Patterns of Medical Care Utilization" (Muller).—A study to test the hypothesis that changes in the amount of own-time (defined as non-work time) due to transition from full-time work to retirement increase the use of medical services by the elderly. The study will use several waves of the Social Security Administration's Retirement History Survey. The expected findings of this study will be relevant to public policy aimed at containing government expenditures and could contribute to changes in public policy related to employment possibilities for older workers.

Projects on-going in fiscal year 1985 include:

"Outcomes of Nursing Home Discharges" (Lewis).—A study to trace and analyze the paths of care of patients discharged from nursing homes. Patients will be followed to assess utilization of health care services post discharge and to ascertain status 2 years following admission to the nursing home. Preliminary work has identified the movement of nursing home residents back and forth between hospitals, nursing homes, other long-term care facilities, and patients' residences as a "continuing episode of care." This study will attempt to refine and define a measure of the "continuing episode of long-term care" which should contribute significantly to long-term care policy.

"Computer-Based System for Long-Term Care and Research" (Zielstorff).—An implementation and evaluation of Computer Stored Ambulatory Record (COSTAR) in a community-based long-term care program for a group of elderly patients at high risk for re-institutionalization. COSTAR will be implemented to link three neighborhood health care centers to a hospital-based long-term care unit. This study is intended to develop both a model program of long-term care for the elderly and specific tools to enhance the provision of care.

"Quality of Life Factors in Geriatric Medicine Decisions" (Pearlman).—A research project designed to obtain insight into the perceptions of elderly patients, their physicians, and spouses regarding the quality of the patients' lives and its role in medical decisions. This will be done by gathering data through interviewer-administered questionnaires. Physicians will be sampled from community-based practices, nursing homes, a King County (Washington) HMO, and VA medical Centers in Washington and Oregon.

"Patient Slip/Falls Evaluation and Prevention" (Jackson).—An etiologic study of slip/fall incidents in hospitals comparing as estimated population of

1,000 patients experiencing slip/falls and a random group of control patients of equal size who do not slip/fall. Data will be collected from medical records, staff and patient interviews, and neurologic exams. By identifying risk factors for ship/falls, interventions can be designed and implemented to reduce these risks.

One long-term care project was completed in fiscal year 1985:

"Correlates of Long-Term Care Expenditures and Service" (Estes).—A study to provide an inventory of State policies relative to Federal long-term care programs and to assess the effect of these policies on availability, utilization and public cost of long-term care services; and to develop a context within which State and Federal policy choices are examined. The project's Final Report consists of a series of papers covering estimates of the effect of state discretionary policy on the expenditures and utilization associated with a particular sector of the long term care continuum. A number of policy implications are suggested concerning interprogram coordination, nursing homes, home health, and income eligibility.

STATE AND LOCAL USER LIAISON ACTIVITIES

A three and one-half day workshop on long-term care for the elderly was conducted in June 1985 for State legislators and executive branch officials from a variety of jurisdictions. Major issues addressed at the workshop included: The nature and magnitude of the informal support system; projections of the growth in the elderly population and its impact upon informal support and public programs; alternative arrangements for financing and delivering long-term care services, such as community-based service programs and Social Health Maintenance Organizations; and private long-term care insurance as a financiing option.

Ongoing consultation is provided to State and local officials with respect to information and data needs on aging for policy and managerial decisionmaking.

NATIONAL EYE INSTITUTE

Each year individuals 65 years and older make over 9 million physician visits for medical eye care—nearly one-third of all appointments with eye care specialists nationwide—for the diagnosis or treatment of aging-related eye disorders. Older Americans are understandably concerned about these disorders and the threat they pose to their quality of life. For without proper care, common aging-related disorders like age-related macular degeneration, glaucoma, dry eye, and cataract can cause impaired ability to read, to drive a car, or to enjoy hobbies and other life-long interests.

The chances of maintaining good visual health well into old age are better today than ever before thanks to advances in research. The National Eye Institute (NEI) supports research aimed at improving the diagnosis, treatment, and prevention of aging-related eye diseases, thus reducing their impact on individuals, families, and society.

Age-related macular degeneration (AMD) is the leading cause of severe visual loss among people age 60 and older. Research on the treatment of neovascular AMD, a form of the disease that poses the most serious threat to sight, is being conducted by the NEI-supported Macular Photocoagulation Study Group (MPS),[1] headed by Dr. Stuart Fine of the Wilmer Eye Institute in Baltimore, Maryland. Since 1982, when MPS investigators first reported treatment for neovascular AMD is beneficial, it has become the standard treatment for this disease. Now, the investigators are evaluating a different laser device called the krypton laser in the treatment of some patients who cannot be helped by the more commonly used argon laser.

An NEI intramural research team is studying possible long-term protective measures that may someday be used to keep AMD from reaching the stage when laser treatment is necessary. Patients are asked to protect their eyes from bright light by using specially tinted eyeglasses. In addition, the investigators are evaluating antioxidant medications that may help to slow or prevent aging-related changes in the retina. Researchers hope that these simple measures may reduce the risk of visual loss from AMD.

Dry eye is another very common aging-related disease that is under intensive study by NEI-supported scientists. Although it is not generally a blinding condition, it does cause acute discomfort. Dry eye occurs when tear glands fail to produce adequate moisture to bathe the front of the eye. These aging-related changes in the tear glands are accompanied by changes in the cells that cover the eye's surface. As a result of this disease process, the eye feels "scratchy" or painful and becomes more vulnerable to injury and infection.

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[1] The research centers participating in this grant-supported project are located in Baltimore, MD; Chicago, IL, Cleveland, OH; Detroit, MI; Iowa City, IA; Madison and Milwaukee, WI; Miami, FL; New Orleans, LA; Oklahoma City, OK; Portland, OR; and St. Louis, MO.

A new approach to treatment of dry eye has been developed by NEI-grantee Dr. Scheffer Tseng at the Massachusetts Eye and Ear Infirmary in Boston. Research to date suggests that this topical ointment may reverse changes in the eye's surface cells and alleviate painful symptoms in some patients. In addition to Dr. Tseng's work, other NEI-supported studies seek a better understanding of aging-related changes in tears and the surface of the eye and are expected to lead to further progress in the treatment of dry eye.

Another eye disease that affects middle-aged or older people, glaucoma, is a major cause of blindness. About 1.5 to 2 million Americans have the common (open-angle) form of glaucoma. The NEI is supporting a program of basic and clinical research to learn more about the mechanisms that cause increased intraocular pressure and to develop more effective means of early detection and treatment.

Because standard topical medications are not always effective in counteracting abnormally high pressure within the eye and preserving vision in glaucoma patients, NEI grantees are investigating other therapies. Under the leadership of study chairman, Dr. Hugh Beckman at the Kresge Eye Institute in Detroit, Michigan, glaucoma specialists at medical centers in Atlanta, Boston, Los Angeles, Milwaukee, New York City, Philadelphia, Columbus (Ohio), Chicago, and New Orleans are participating in an NEI-funded clinical trial to determine whether argon laser treatment may be an effective means of controlling intraocular pressure and preventing visual loss in newly diagnosed patients with open-angle glaucoma.

NEI-supported research on cararact furnishes an excellent example of the potential benefits from studies aimed at prevention of aging-related eye disease. At present, there are more than 700,000 cararact operations in this country and that figure may continue to rise each year unless adequate preventive measures are found.

Recently, laboratory studies have begun to yield results suggesting that cararact prevention may one day be possible. For example, NEI scientists are making great progress in understanding how oxidation—a gradual chemical process that occurs in the lens of the eye and in all other tissues—contributes to the development of cararact. With the benefit of these specific chemical clues, and others that will emerge from continued research, scientists and pharmaceutical firms may eventually be able to design drugs that will prevent or slow the development of cararact.

Thus research supported by the NEI is contributing to the prevention as well as the treatment of aging-related eye diseases, and is bringing us closer to the day when good vision can be expected to last a lifetime.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Cardiovascular disease remains the chief cause of death in the United States, and individuals over 65 years of age suffer 75 percent of the deaths from ischemic heart disease. Strokes take a heavy toll not only in deaths but also in disability. The principal cause of heart attacks and strokes is atherosclerosis, which alters the open pathway of the arteries and constricts blood flow. Atherosclerosis is generally thought of as a disease of aging because it develops slowly over years, but early manifestations of the disorder are apparent earlier in life.

Nonetheless, the effects are most often felt in those individuals who have lived long enough to develop the fatty streaks and then to undergo the intricate process by which various biological elements combine to develop stiff fibrous plaques. Plaque eventually narrows the opening in an artery and changes blood flow from a smooth process to a pressured and irregular one.

Dr. Russell Ross, a National Heart, Lung, and Blood (NHLBI)-funded investigator at the University of Washington in Seattle, has recently published studies detailing this process of atherogenesis as well as offering some hopeful news that some atherosclerosis can be experimentally reversed in animals.

Dr. Ross has long theorized that atherosclerosis is a form of primitive wound repair. In this scheme, it is speculated that arteries may be injured by exposure to cholesterol, as a result of factors possibly released during cigarette smoking, or from high blood pressure, diabetes, various genetic disorders, or—a recent suggestion—viruses.

Dr. Ross and his colleagues have fed pigtail monkeys with diets containing eggs and butter. Breaks, the "injuries" of the hypothesis, may have differing effects on the lining of the artery or on its function and these effects are seen after about 5 months of this diet.

Dr. Ross, as well as other scientists, have experimentally injured arteries with other substances as well, such as the amino acid homocysteine or antigen-antibody complexes.

When a break in the lining or endothelium of the artery occurs, substances normally screened out by this barrier reach the smooth muscle layer of the artery. Then blood platelets adhere to the newly exposed tissue and smooth muscle cells begin to proliferate, initiating a process that is thought to lead to the formation of the deadly plaques.

Techniques of cell biology and molecular biology and the fact that human arteries are available for study when they are removed in the process of femoral artery bypass surgery have allowed for recent progress in understanding atherogenesis. Dr. Ross and his colleagues recently have used monoclonal antibodies to tag various types of cells so that under the electron microscope the origin of each element involved in the development of the various substances that comprise plaque can be determined. Animal studies have also been valuable in contributing to these basic findings. In an effort to limit one crucial step in the development of atherosclerosis, antiplatelet agents, including aspirin, have been administered with promising success to change the character of the blood platelets. And, at least in animals, when levels of blood cholesterol are reduced to normal, the factor responsible for the lesions disappears. Ross has suggested that if the original injury is brief and nonrecurrent, the condition may be reversed and even healed. If the injury continues and is chronic, such as would be due to hpercholesterolemia, the lesions or changes in the artery walls may progress and the process that creates the plaques that eventually block blood flow would have begun.

Such basic research may yield diagnostic techniques to identify high-risk individuals and specific interventions that will slow or reverse the development of this deadly disorder.

NATIONAL INSTITUTE OF ARTHRITIS, DIABETES, AND DIGESTIVE AND KIDNEY DISEASES

The National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIADDK) conducts and supports many projects directly and indirectly related to aging processes and to diseases common in the elderly. Basic studies of metabolic processes through all developmental stages, including aging, are reflected in many of the Institute's programmatic areas. Diseases under the purview of NIADDK of special importance to older persons include the major diseases osteoporosis, osteoarthritis (degenerative joint disease), and benign prostatic hyperplasia (BPH).

Osteoporosis is a major underlying cause of bone fractures in postmenopausal women and older persons in general. It is a condition in which bone mass decreases, causing bones to be more susceptible to fracture. One important question regarding prevention and therapy of osteoporosis is the recommendation for increased exercise.

NIADDK grantee Dr. Rivka B. Sandler, University of Pittsburgh in Pennsylvania, is conducting a large-scale study of 255 postmenopausal women randomly assigned to either sedentary or walking programs. Preliminary results, although not statistically significant, appear to indicate a small increase in bone density in those women exercising compared to those not. To determine moderate changes in bone loss reliably, repeat measures over time are necessary. Dr. Sandler will continue her study for another 3 years.

Two NIADDK-supported grantees are participating in a long-term clinical trial on fluoride therapy for osteoporosis. In addition to strengthening the teeth, fluoride helps increase bone mass. The levels of fluoride required to increase bone mass are greater than the fluoride available in most water supplies.

These projects, one conducted by Dr. B. Lawrence Riggs, Mayo Foundation, Rochester, MN, and the other by Dr. Michael Kleerekoper, Henry Ford Hospital in Detroit, MI, are progressing and demographic data are now being collected.

Risk factors among women with vertebral fractures have been identified as being more prevalent than in women without fractures. These risk factors include early menopause either natural or surgical, osteoporosis in a first-degree female relative, and thinness. White women were found to be at higher risk than are black women.

This year's report on arthritis, rheumatic diseases and related disorders provides more highlights of osteoporosis research and describes current research projects in osteoarthritis.

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

The nervous system, including those structures that govern hearing, speech, smell, and taste, is particularly vulnerable to the physiologic effects of aging. Within the Federal Government, the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) is the focal point for research on disorders that affect the nervous system, including those that have a pronounced impact on the elderly population.

NINCDS research on two major neurological disorders affecting the elderly—stroke and Alzheimer disease—is described at length in separate reports.

CHEMOSENSORY LOSS

This year a comprehensive study of the much-overlooked sense of smell determined that this "chemosense"' can deteriorate over time much like hearing does. At the NINCDS-supported University of Pennsylvania Clinical Smell and Taste Research Center in Philadelphia, Dr. Richard Doty measured the olfactory function of nearly 2,000 people ranging in age from 5 to 99 years. His results show that the ability to identify specific odors begins to wane after age 50 and decreases sharply after age 70. Nearly 60 percent of subjects aged 65 to 80 years showed a substantial loss of smell, and 25 percent had no sense of smell. In subjects aged 80 and older, the proportion with a severe loss was 80 percent, and at least half of these patients had lost their sense of smell entirely. The tests also revealed that women retained more smelling ability than men.

These findings help explain why older people are less likely to become aware of fires and gas leaks in the home in time to protect themselves, and why many elderly people eat poorly, complaining that their food lacks flavor.

Other studies at the University of Pennsylvania Research Center have linked chemosensory loss to brain disorders. Dr. Doty recently showed that an impaired sense of smell may be an early sign of Parkinson's disease, Alzheimer disease, or brain tumor.

THE AGING EAR

Presbycusis, are hearing loss associated with aging, results primarily from cumulative damage to the ear's hair cells from various causes, including noise, disease, and drug toxicity. Two NINCDS-funded scientists are investigating the anatomy and function of the human hair cell to determine why this structure is so vulnerable to the effects of aging.

In his studies of hair cells over the past year, Dr. A. J. Hudspeth of the University of California at San Francisco has found that the tip of the cell directs the flow of electric current which regulates the cell's response to sound. Dr. Dennis Dresher of Wayne State University in Detroit, MI, recently found evidence that an as-yet-unidentified neurotransmitter governs the hair cell's ability to relay sound messages to the brain.

By understanding more about normal hair cell function, scientists may be able to determine what goes wrong in presbycusis and find ways to treat and prevent this disease.

HEARING AID TECHNOLOGY

One pioneering NINCDS grantee is using state-of-the-art electrical engineering techniques to develop an improved hearing aid. At the City University of New York, Dr. Harry Levitt this year began testing a new "say-it-again" hearing aid designed by his research team. Like the black box in airplane cockpits, the hearing aid uses digital circuitry to record continuously what is said; by pressing a button, the wearer can play back the last sounds recorded. The new hearing aid has been specially engineered to screen out background noise and block the unwanted effects of room reverberation which pose a special problem for hearing aid users in churches, concert halls, and other cavernous places.

Since many elderly patients become dissatisfied with their hearing aids and discard them, progress toward improved devices offers new hope for the elderly to continue active participation in daily life.

THE AGING BRAIN

Certain brain structures appear to be especially hard-hit by the aging process, while others seem immune to aging's effects. This year, Drs. Henry Wagner and

Dean Wong, NINCDS grantees at The Johns Hopkins University in Baltimore, MD, showed that activity of the brain chemical dopamine decreased over time in some parts of the brain involved with movement, while in other parts dopamine activity remained normal. These positron emission tomography (PET) studies also produced evidence that dopamine activity loss proceeds faster in men than in women. Research has linked dopamine loss to Parkinson's disease, cerebral arteriosclerosis, and senile dementia in the elderly.

New evidence was reported this year of a possible connection between reduced dopamine activity and a vitamin B-6 deficiency. The two investigators discovered that plasma levels of vitamin B-6 dropped as patients grew older. In addition, there was evidence that a vitamin B-6 deficiency alters dopamine metabolism in rats. Such information could conceivably be important in a future therapy to correct dopamine levels.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports research leading to better methods of preventing, diagnosing, and treating allergic, immunologic, and infectious diseases. The elderly are especially vulnerable to many of these conditions because the immune system becomes less efficient with aging.

Shingles, or herpes zoster, occurs mostly among older adults, causing a cluster of painful skin eruptions that often follow nerve pathways on the back and abdomen. Although the rash usually clears up in a few weeks, in some people the residual pain is chronic and debilitating.

Scientists have long believed that shingles is a reactivation of varicella-zoster virus (VZV), which causes chickenpox in children. New evidence by NIAID grantees and intramural scientists now verifies this association. Dr. William Ruyechan and his colleagues at the Uniform and Services University of the Health Sciences in Bethesda, MD, collaborating with intramural scientist Dr. Stephen Straus, compared viral DNA isolated from a patient with chickenpox with viral DNS from the same patient with a later case of shingles. The two DNA's were identical and therefore the second infection was actually a reactivation of the same virus.

Understanding the molecular biology of VZV will help scientists find out if experimental vaccines against chickenpox can prevent herpes zoster. For example, Dr. Ruyechan and his colleagues have determined the composition of some of the basic units of the viral DNA and have identified unusual forms of the DNA that may affect establishment of latent infection eventually leading to shingles.

Research by these investigations may also lead to more effective treatments for herpes zoster. In cells infected by VZV, they isolated seven specific proteins that affect replication of the viral DNA and control of infection. These proteins are all potential targets for antiviral drugs.

An experimental vaccine that prevents chickenpox in children will benefit future older Americans if it can also prevent herpes zoster. Since the vaccine is made from live attenuated viruses, scientists have been concerned that the virus might remain latent in vaccines and reactivate in later life to cause zoster. NIAID contractor Dr. Anne Gershon and her colleagues at New York University Medical Center, New York City, tested the VZV vaccine in children with leukemia who care at high risk of developing severe, even lethal chickenpox as well as zoster.

Preliminary findings from this contract suggest zoster is less frequent in vaccines than it is after natural chickenpox infections and when it does occur it appears to be milder. Further studies will determine if the vaccine produces long-term immunization and prevents and lessens the effects of zoster many years later. If the vaccine continues to prove safe and effective, it may one day be used routinely to immunize children against chickenpox. It is also possible that such a vaccine given to older adults may boost immunity to varicella and thereby prevent or reduce the severity of zoster.

Infections from gram-negative bacteria are a frequent cause of death and morbidity in debilitated elderly patients. These bacteria can enter the bloodstream after severe injury, after extensive surgery, or when the immune system is functioning less efficiently because of age or disease. Once in the bloodstream, a toxic substance called endotoxin in the bacterial cell wall can cause shock and death. While antibiotics can kill the bacteria, they do not neutralize the dangerous endotoxin; in fact, they may temporarily increase endotoxin levels in the blood as the bacterial cells are destroyed.

NIAID grantee Dr. Elizabeth Ziegler and her colleagues at the University of California, San Diego, have shown that a vaccine made from a killed mutant form of gram-negative bacteria called J5 causes humans to make antibodies against gram-negative bacterial infections. The investigations used antibodies from the blood serum of healthy volunteers immunized in this way to produce an expenrimental J5 antiserum. Administered to patients who were in intensive care units because of abdominal surgery or trauma, the J5 antiserum did not lower the incidence of gram-negative infections, but it markedly reduced the rate of shock and death from these infections.

Using hybridoma technology, the investigators fused the lymhocyte cell making J5 antibody with a long-lived cancer cell. The resulting hybrid cell produces J5 antibodies against lipid A, which protects against fatal infections from a variety of gram-negative bacteria.

Antibodies made by hybridomas (called monoclonal antibodies) can be produced in almost limitless quantities to manufacture antiserum. If further evaluation and clinical trials confirm the potency of this type of antiserum, it can be used as an adjunct to standard therapy for endotoxic shock.

CENTERS FOR DISEASE CONTROL

In 1985, the Centers for Disease Control (CDC) initiated activities benefitting older Americans in several areas and continued ongoing activities in numerous other areas affecting the elderly as part of our efforts to prevent disease, disability and premature death and improve the quality of life.

CDC is undertaking an initiative to increase use of adult immunizations against pneumococcal disease, influenz, tetanus, diphtheria and hepatitis B. This initiative is of particular importance to the elderly because they are among those primarily affected by influenza and are at a higher risk of death from pneumonia than the rest of the population. In an effort to increase public acceptance of adult immunizations, CDC hosted a national "community forum" of groups from the public and private sectors to solicit their ideas on approaches to public education on the need to provide vaccines appropriate for adults. In addition, CDC is identifying potential areas for research on factors influencing immunization of adults, particularly the elderly, and has awarded a contract to a private research company to develop and evaluate health education interventions that will increase the acceptance and use of adult immunizations.

CDC also is identifying national, State, and local systems to monitor the distribution and administration of adult antigens, especially those for older Americans, and will award contracts for consolidated Federal purchase of adult vaccines and toxoids, to be used by State health departments in programs targeted largely to the elderly and chronically ill. CDC has worked with the Immunization Practices Advisory Committee to develop a comprehensive set of guidelines for vaccinating adults, and drafted an adult immunization pamphlet for general public awareness.

An important aspect of this adult immunization initiative is the focus on influenza vaccinations in the nursing home population. CDC is evaluating the safety and efficacy of influenza vaccines and antiviral agents in nursing home residents and is developing a plan to distribute professional training materials for influenza vaccination to all U.S. nursing homes. Boston University is field testing educational materials developed by CDC for medical and nursing staff in nursing homes on influenza recommendations and on conducting influenza vaccination programs. CDC is also collaborating with HCFA to evaluate the effect of influenza epidemics on Medicare reimbursements.

In other efforts directed towards extended care facilities, CDC is working to define risk factors for the prevention and control of institutionally-acquired infections in skilled nursing facilities. We offer a training course, "Infection Control in Small Hospitals and Extended Care Facilities," to persons who are employed by extended care facilities and who have responsibility for programs to prevent the unique infection control problems of the elderly.

Tuberculosis among the elderly, and especially nursing home residents, is an important problem. In 1984, there were 22,255 cases of tuberculosis reported to the Centers for Disease Control (CDC), including 6,500 (29.2 percent) in persons 65 years of age or older. The case rate for persons of all ages was 9.4 per 100,000 population, while it was 23.2 per 100,000 for persons age 65 or older. Studies conducted by William Stead, M.D. of Arkansas have contributed to the understanding of tuberculosis infection and disease among persons in nursing homes and other institutions for the elderly. In the period 1981–83, the incidence rate of tuberculosis in nursing homes in Arkansas was 235 per 100,000—four times higher than the rate for persons over 65 residing at home. Studies of tuberculosis outbreaks indicate that much of the disease among nursing home residents in Arkansas is a result of new transmission, and not reactivation of previously acquired infection as had been suspected.

To better control the tuberculosis problem in the elderly, CDC and the American Thoracic Society (ATS) have recommended that nursing home residents be screened for tuberculosis upon admission and that employees be screened upon employment and periodically thereafter. Treatment with isoniazid to prevent tuberculosis disease is recommended for persons at high risk of tuberculosis, such as newly infected (recent skin test converters) residents of nursing homes. CDC is currently conducting a study which will lead to a better understanding of the extent of the tuberculosis problem in nursing homes and will provide data on which additional CDC/ATS surveillance recommendations can be based.

In 1985, CDC's Violence Epidemiology Branch initiated the production of the paper, "Domestic Violence Against the Elderly" by Karl Pillemer of the University of New Hampshire's Family Violence Research Center. The paper was one of the documents for the "Source Book" used at the Surgeon General's workshop on Violence and Public Health, October 1985. The paper presents the problem of Elder Abuse; reviews sources of data for the problem; examines causes, risk factors, and outcomes; discusses interventions, and presents an annotated bibliography.

A new Public Health Service information resource—The Combined Health Information Database (CHID)—became available to the public in fiscal year 1985. CHID is a computerized database that contains descriptions of health education and patient education programs in the areas of health education and health information, arthritis, diabetes, high blood pressure, and digestive diseases. Because of the nature of the subject areas, it is a valuable resource for health providers working with the elderly. A subscription password for parties interested in using CHID is available through BRS, Inc. (Latham, NY, at 1-800-345-4BRS).

In 1985, CDC continued efforts to prevent injuries among the elderly. Injuries among the elderly are a major public health concern in terms of death, disability, and health care costs. Persons 65 years of age and over constitute about 11 percent of the U.S. population, but they account for about 45 percent of all unintentional home injury deaths. CDC has continued to develop and implement research and program efforts to reduce this toll on older Americans. Notable among these efforts has been the initiation of a landmark research project entitled "Epidemiologic Study of Injuries Among the Elderly—Project SAFE" (study to assess fall injuries among the elderly). This study, undertaken in collaboration with the Dade County, Florida Department of Public Health, is designed to identify those factors that contribute to injuries among the elderly, to develop and test interventions, and to develop prevention models for use by health agencies nationwide. The role of environmental hazards and the potential protective effect of estrogen replacement therapy are the two principal areas of investigation. Estrogen replacement therapy may mitigate the effects of osteoporosis which is associated with falls in the elderly.

Other collaborations have been initiated with both the Philadelphia Health Department and the Indian Health Service to target injuries among inner city Blacks and native Americans. The special needs and risks of the elderly among these high-risk populations will be addressed by these programs.

Diabetes is also a major contributor to morbidity and mortality among persons over 65. It affects 8 percent of persons over 65, and 60 percent of those individuals are hospitalized every year. One quarter of all patients initiating costly end-stage renal disease treatment have diabetes, and 20 percent are over 65. Half of amputations occur in people with diabetes, and 60 percent are over 65. Almost half of persons with diabetes who become blind are over 65. During 1985 the program has focused its efforts on the prevention of three major complications of diabetes which affect people over 65: Blindness, amputations, and hypertension. Ten States were provided new funds to develop blindness prevention programs. Increased emphasis on these conditions will continue in FY 1986. Attention to the major contributors to cardiovascular disease, which accounts for 75 percent of all deaths among persons with diabetes over 65, will continue. The program continues to build consensus on effective control strategies and translating effective techniques into community practice.

DIVISION OF RESEARCH RESOURCES

Regular doses of a hormone involved in the prevention of bone decalcification appear to halt the progression of osteoporosis, a crippling disorder characterized by the progressive thinning of bone. Investigators at the University of Washington General Clinical Research Center (GCRC) have found that daily injections for more than 2 years of the hormone calcitonin increased bone mass in 15 of 24 women with postmenopausal osteoporosis. The study, conducted by Dr. Charles H. Chestnut II at the University of Washington School of Medicine in Seattle, and supported by both the Division of Research Resources (DRR) and the NIA, is described earlier in this report.

The Washington GCRC is one of more than 32 such centers supported by the DRR that are conducting research on aging. Each year scientists conduct thousands of research studies in the 78 GCRC's, which operate in major U.S. medical centers. More than 80 percent of the extramural inpatient research care funded by NIH takes place in these centers. In addition, extensive outpatient research is also carried out.

Research on aging is also funded under the Biomedical Research Support (BRS) Program, which supports more than 9,000 pilot and regular health-related research projects, including 133 focused on aging, at 557 institutions in the United States. BRS provides a pool of flexible funds to institutions heavily engaged in Public Health Service-funded research, aimed at meeting particular research-related needs not normally covered by other grants. In addition, the awards may complement or supplement regular Public Health Service research grants.

A study conducted by BRS grantees at the Veterans Administration Medical Center and the University of Utah in Salt Lake City revealed that regular aerobic exercise can improve the memory and mental dexterity of the elderly. Test subjects in the study ranged in age from 55 to 70 years. They were not disabled by any clinical form of dementia, but showed signs of memory loss and other mental impairments that often accompany old age. Those who participated in a 4-month aerobic exercise program scored significantly higher in tests of mental as well as physical abilities than subjects in control groups who exercised moderately or not at all. The mean scores of the aerobic exercise group improved in five of seven tests for memory and mental dexterity. In contrast, the two control groups scored higher on only one test each.

Some of the increased oxygen that is transported in the body after exercise reaches the brain, according to Dr. Robert E. Dustman at the Veterans Administration Medical Center in Salt Lake City and Dr. Robert O. Ruhling of the University of Utah. Oxygen is necessary for the synthesis of neurotransmitters, which are crucial for a variety of mental functions, and this might explain how increased levels of oxygen in the brain as a result of exercise could enhance an elderly person's mental capacities. The improvements in the volunteers' mental functions after aerobic exercise, without any accompanying improvements in their hearing or sight, suggest that this type of exercise primarily affects the brain and not the peripheral nervous system, according to the researchers.

Much of the research being conducted on the elderly focuses on identifying and developing an understanding of the physiological changes associated with aging. One such change is an impaired ability to maintain a constant body temperature when exposed to cold, a fact linked to an increased risk of death among the elderly during periods of very low temperature. Research supported by the BRS Program and conducted by Drs. James A. Wagner and Steven M. Horvath at the Institute of Environmental Stress of the University of California in Santa Barbara indicates that impaired ability to maintain a constant body temperature is due, in part, to a compromised capacity of the elderly person's blood vessels to constrict in response to cold. Blood vessel constriction protects an individual from cold damage by preventing the loss of internal body heat through the skin.

In the California study, minimally clothed subjects, ranging in age from 20 to 72 years, were regularly exposed to four temperatures ranging from 50° to 82° Fahrenheit. A variety of cardiovascular measurements were made on the individuals during exposure to each temperature. At 50° Fahrenheit the older subjects had significantly higher forearm blood flow, indicating ineffective constriction of the blood vessels in their extremities, according to the researchers. In addition, blood pressure of the elderly subjects tended to increase at a higher rate in response to cold temperatures. Although these increased blood pressures were not dangerously high, elevated blood pressure in response to cold in older people already afflicted with high blood pressure might cause damaging complications beyond those induced by a lowered body temperature alone, the researchers noted.

OFFICE OF INSPECTOR GENERAL

Introduction

The mission of the Inspector General (IG) is to prevent and detect fraud and abuse in Department of Health and Human Services (HHS) programs and to promote efficiency and economy in its operations. It is the Inspector General's responsibility to report to the Secretary and to the Congress any deficiencies or problems relating to HHS programs and to recommend corrective actions.

The HHS Inspector General's office is the first statutorily enacted office of its kind. It was created by Public Law 94-505 enacted October 1976, and was the result of a Congressional initiative inspired in part by disclosures of fraud, abuse, or waste in Federal/State medical and welfare programs. The law places equal emphasis on the Inspector General's obligation to prevent or detect wrongdoing and his obligation to make recommendations for efficiency and economy in HHS programs.

A basic philosophy of the Office of Inspector General (OIG) is to work in a coordinative and cooperative way with other Departmental offices to accomplish its mission, except when such a relationship would compromise OIG independence. Close working relationships have been established with the Health Care Financing Administration (HCFA), the Social Security Administration (SSA), and other major components of the Department in order to maximize resources devoted to common problems.

ORGANIZATION

The Inspector General's office is organized into four major divisions: Audit, Investigation, Analysis and Inspections, and the Immediate Office.

The OIG Office of Audit (OA) prepares or reviews about 5,000 audits annually which cover all aspects of HHS operations.

The Office of Investigations (OI), headed by an Assistant Inspector General, is responsible for reviewing and investigating all allegations of a potentially criminal nature, which involve HHS programs or activities. A subdivision of the Office of Investigations is the State Medicaid fraud control unit program (SMFCU). Its responsibilities include working with the States to improve the detection and elimination of fraud against HHS programs; emphasizing the importance of developing and conducting an in-house aduit/investigation training program in cooperation with other SMFCU's, and overall coordination of the program.

The Office of Analysis and Inspections (OAI) represents a reorganization of the Offices of Program Inspection (OPI) and Office of Health Financing Integrity (OHFI). OAI directs a staff of senior analysts who conduct specialized program and management analyses covering all programs of HHS. For example, staff undertake major inspection activities intended to detect and resolve issues of fraud, abuse and mismanagement within the Medicare and Medicaid programs. In addition, OAI has the responsibility of overseeing the Public Affairs office, legislative and regulatory review activities, and work related to the President's Council on Integrity and Efficiency.

The Immediate Office of the Inspector General is responsible for setting OIG policy and direction; implementing that policy and handling all budgetary and administrative functions for the national and regional offices.

ACTIVITIES

OIG presently has a number of projects underway or completed which have an impact on the aged. These projects include:

OFFICE OF INVESTIGATIONS

The Office of Investigations is currently operating several projects in addition to this regular caseload designed to detect and prevent fraud in the Social Security and Medicare programs. Such protection activities maintain the integrity of the trust funds supporting these programs. Activities such as project SPECTRE prevent Retirement, Survivors and Disability Insurance (RSDI) benefits from being sent to deceased persons and converted by relatives to their personal use, thus draining the trust funds. Permanent detection screens and processes have been developed during these projects which will save the trust funds the cost of potentially lost benefits as well as the cost of investigating and detecting such losses. Pursuit of unscrupulous medical providers not only protects the trust fund but also targets those who abuse both the Medicare system and elderly patients by subjecting them to unnecessary, painful or even dangerous treatment.

For this year, Administrative Sanctions imposed by the OIG resulted in 280 health care providers being "kicked out" of the Medicaid programs for health care related fraud and for providing poor quality of services bringing it to a record total of 390 for the year. Investigations of Medicare/Medicaid fraud by the OIG and federally supported State Medicaid Fraud Control Units resulted in 245 convictions, and financial recoveries and savings of $11.1 million. This included $6.7 million in civil monetary penalty settlements. Total fiscal year results were 480 Medicare/Medicaid convictions; and financial recoveries, settlements and savings of $20.9 million. In addition, succsessful prosecutions and $25 million in recoveries and savings, for a record year-end total of 854 successful prosecutions and $35.5 million recoveries and savings.

OFFICE OF ANALYSIS AND INSPECTIONS

The Office of Analysis and Inspections (OAI) has an organizational focus on prevention and a conscious strategy to identify the generic causes of fraud, abuse, and waste in major agency programs. In order to meet its objectives, OAI performs its work in a variety of ways. Specifically, OAI conducts analyses and inspections to identify vulnerabilities of HHS programs; leads and coordinates interagency projects sponsored by the President's Council on Integrity and Efficiency; reviews and comments on legislative and regulatory proposals to ensure that they contain adequate safeguards against fraud, waste and abuse; analyzes investigative reports to determine if and what kind of corrective action proposls are needed to strengthen internal controls or operating procedures; and promotes deterrence of fraud, waste and abuse by activily promulgating findings.

Inspections are conducted with the overall intended purpose of ensuring that the Department's programs are operating with maximum efficiency and in such a way as to detect willful wrongdoing on the part of the Department's provider community.

For this fiscal year, the major findings of OAI activities included:

—A national review of Medicare payments for cataract surgery found that Medicare is paying over $500 million each year in unnecessary costs including: Mark-ups of 200 percent and more for intraocular lenses, excessive costs and inconsistencies in payment based on where the surgery is performed (i.e., hospital inpatient, hospital outpatient, ambulatory surgical center, or physician's office), and wide variances in payment of professional service fees.

—Under the 1980 Medicare and Medicaid amendments, payment is excluded for any item or service, to the extent that payment has been or can resonably be expected to be, made under an automobile or liability insurance policy or under no-fault insurance. Our reviews of Medicare payments involving accident injuries identified $6.2 million in potential Medicare overpayments.

—In a recent review, we found that anesthesia services provided during cataract removal, hernia repair, and pacemaker implant vary. We found that local anesthesia administered by the surgeon with the patient monitored and evaluated by an anesthesiologist (local standby) is provided more frequently than general anesthesia administered by anethesiologists. Standby anestesia generally does not require the full range of services associated with general anesthesia. Because of this factor, some carriers pay less for local standby anesthesia. We estimate that program savings of some $47 million could be achieved annually if the Health Care Financing Administration required all carriers to reimburse local standby anesthesia services at a rate lower than general anesthesia services.

OFFICE OF AUDIT

The Office of Audit (OA) focuses its reviews on the Department's most vulnerable and costly programs—Medicare, Medicaid, and Social Security—all having major impact on the elderly.

Scopes of reviews concentrate on (1) seeking ways to improve fiscal controls in the benefit payment process and in trust fund financial management and accounting operations; (2) looking for more efficient and economical administration of programs, procurement and delivery of services; and (3) ferreting out fraud, waste, and abuse through use of sophisticated computer applications.

During fiscal year 1985, OA issued 2,904 reports recommending financial adjustments of $154.6 million. Of even more significance, Department managers agreed to take action on audit recommendations containing cost saving features totaling $3.6 billion. These actions, some of which will be carried out over the next 5-year period, will result in preventing improper expenditures, improving agencies systems and operations and providing better services to recipients.

Following are examples of current reviews containing recommendations which, if implemented, would have substantial impact on the elderly:

—Tighten proposed regulations that would allow the Secretary to deny reimbursement to substandard nursing homes in lieu of the more drastic sanction of terminating such homes' participation in Medicare or Medicaid. More clearly specifying the conditions and timeframes for imposition of such sanctions would not only strengthen them but would more ensure uniform application. Further, to achieve prompt improvement in the living conditions of many nursing home patients, HCFA should initiate a special nationwide review to identify chronically substandard homes for chronically substandard skilled nursing facilities identified by OIG.

—Ensure that all Medicaid requirements are being met for Federal sharing in costs of services provided patients in skilled and intermediate care nursing homes. Two States were found not meeting all Federal recertification requirements for continued Medicaid participation. The adoption of OIG recommendations would not only recover funds misspent ($191.6 million in the two States reviewed) but would help insure that patients' health and safety are not being jeopardized.

—Enforce Federal regulations which preclude Federal Medicaid sharing in the cost of drugs determined to be less-than-effective by the Food and Drug Administration as well as all identical, related or similar drugs. By moving aggressively, HCFA could prevent misspending of Federal funds ($1.4 million was so identified in the seven States reviewed), and more importantly, insure that Medicaid recipients are not being short changed in terms of quality of care.

—Require Medicare contractors to rely on front end controls to identify beneficiaries also covered by employer-sponsored health plans. Such plans rather than Medicare have primary liability (i.e., would be the first payer) for covered health services provided the working aged and their spouses. Requiring that reliance be placed on front end controls rather than on providers to identify such coverage would result in annual Medicare savings of $390 million.

—Exclude from Medicare coverage services of an assistant surgeon on routine cataract surgery. Such assistance can be and is often provided by a surgical technician and/or an operating room nurse. Adoption of our recommendation to exclude assistant surgeon coverage (with certain limited exceptions) would result in beneficiary savings as well as program savings of $30 million annually.

OFFICE OF THE GENERAL COUNSEL

Hogan v. *Heckler* and *DeJesus* v. *Perales*

The Secretary has permitted States with medically needy programs to employ a budget period of up to 6 months to determine Medicaid eligibility for their medically needy, although both the Aid to Families with Dependent Children (AFDC) program and the Supplemental Security Income (SSI) program use 1-month budget periods in determing eligibility for cash benefits. The U.S. Court of Appeals for the First Circuit in *Hogan* and Second Circuit in *DeJesus* respectively affirmed the reasonableness of this approach in decisions announced the same day concerning the Medicaid programs in Massachusetts and New York. Both cases involved challenges by individuals claiming that they would be eligible for Medicaid as medically needy individuals if the States used a 1-month budget period to determine whether they had satisfied their "spend down" liability for that month, but were unable to qualify under the State's 6-month budget periods. (The spend-down amount is the amount by which an individual's income exceeds the medically needy income eligibility level. The individual satisfies the spend-down, and becomes Medicaid eligible as medically needy for the remainder of the budget period, when he incurs medical expenses in the amount by which his income exceeds the income eligibility level.) Because in a 6-month budget period the individual is assumed to have six times his monthly income, his spend-down amount is six times as high as it would be if the State used a 1-month budget period.

The Courts of Appeals both held that the use of a 6-month budget period was consistent with the Medicaid statute, and the longstanding regulations of the Department of Health and Human Services. Since the medically needy program was optional altogether, the 6-month budget period was considered to be a reasonable way for a State to allocate its scarce resources. Both appeals courts overturned district court decisions which had held that "budget period" was governed by the "same methdology" for determining financial eligibility for the medically needy as for the corresponding cash assistance programs. The courts of appeals rejected the claim that budget period was methodlological and found support for their conclusions in the legislative history of the Tax Equity and Fiscal Responsibility Act of 1982.

The U.S. Supreme Court has recently granted a petition for certiorari to review a conflicting decision of the Supreme Judicial Court for the Commonwealth of Massachusetts in *Atkins* v. *Rivera*, and will thus dispositively address this issue during the October 1985 term.

The Gray Panthers v. *Secretary of Health and Human Services* and *Ola Vorster* v. *Secretary of Health and Human Services*

The Social Security Act sets forth various limitations on the rights of beneficiaries to obtain administrative and judicial review of the reductions or denials of their Medicare insurance claims by the fiscal intermediaries and insurance carriers adminstering the programs as the Secretary's representatives. Under Part A of the program, which covers inpatient hospital services, beneficiaries are entitled to seek written review by the insurance carrier. An adminstrative hearing is then available in cases in which $100 or more remains in controversy following written review, and judicial review is subsequently authorized in cases involving $1,000 or more in controversy. Under Part B, the optional Medicare supplementary insurance program which covers physician's charges and outpatient services, the same scheme generally applies except that no judicial review is available. The Gray Panthers filed a lawsuit in 1977 which challenged the lack of hearings in cases involving under $100 after written review by the carrier on procedural due process grounds. A nationwide class of Part A and Part B beneficiaries was certified by the district court, and the case has twice been before the Court of Appeals for the District of Columbia Circuit.

On the latest (1982) appeal, the D.C. Circuit explained that the constitutional sufficiency of the process afforded to Medicare beneficiaries depends both upon the quality of the notices initially advising the beneficiaries as to why their claims have been reduced or denied, and upon whether or not these cases usually pose the types of questions whose resolution could be expected to be materially enlightened by the conduct of hearings (i.e., coverage questions related to the truthfulness of the factual representations of individual beneficiaries, as opposed to questions readily capable of being resolved by evaluation of physicians reports, financial data and the like without any meaningful need for an oral hearing). After favorably describing the clarity and quality of the information provided on the initial notices the Secretary had prescribed for use in the Part B program during the summer of 1982, the Court of Appeals remanded the case for a third round of proceedings before the district court. Now, following more than 2 years of further discussion and negotiations between the Secretary and the Gray Panthers, a consent order was entered in November 1985 which resolves most of the outstanding issues in the case. That order reflects that the Secretary has agreed to implement additional improvements and clarifications in the notices that are initially sent to Part B beneficiaries. It also recites that, as a result of these improvements and the Secretary's institution of a new toll-free telephone system through which beneficiaries can communicate directly with knowledgeable carrier employees about their claims, the Secretary's Part amended B procedures satisfy the due process clause even without providing for oral hearings in cases involving under $100 following written review. (Unresolved questions concerning the provision of Part A hearings are pending and should shortly be decided by the district court.)

Similar issues have been raised in the lawsuit filed in California by the *Vorster* plaintiffs on behalf of Medicare beneficiaries whose disputes involve *over* $100 in controversy following written review (and thus are additionally entitled to oral hearings following written review). The Secretary has already voluntarily agreed in *Vorster* to require the insurance carriers to make certain clear-notice improvements in the "review determination notices," consistent with those adopted for the initial notices in *Gray Panthers*, which explain to the beneficiaries the bases on which theirs claims have been denied on their written appeal to the insurance carriers. These changes were intended to improve the beneficiaries' understanding of what issues might be addressed and amplified in the event they choose to seek further review by requesting an oral hearing. Still unresolved in *Vorster* are questions concerning the use by insurance carriers of numerical screens for making initial determinations as to whether medical treatments or services are "medically necessary" and thus Medicare-reimbursable. Plaintiffs seek to challenge both the Secretary's reliance on general screens in making reimbursement decisions, and, assuming the use of insurance industry screens is valid, the constitutional sufficiency of the notices by which beneficiaries are advised of the fact that such screens have been employed in a given case.

Savage v. *Toan* and *Morrow* v. *Morris*

Effective 1974, Congress enacted the Supplemental Security Income (SSI) program, and required that States participating in the Medicaid program extend benefits to SSI recipients. In order to discourage States from terminating their Medicaid participation in view of the theoretically broader scope of coverage attending the advent of SSI, Congress created the so-called "Section 209(b)" option in 42 U.S.C. § 1396a(f). "Section 209(b) States" are States which have elected the option, under 42 U.S.C. § 1396a(f), not to cover all recipients in their Medicaid programs and instead to use what in principle were thought to be the more restrictive criteria in effect in such States as of January 1, 1972. According to two U.S. District Courts in Missouri (*Savage* v. *Toan*) and North Carolina (*Morrow* v. *Morris*), however, "209(b) States" must provide Medicaid to any aged, blind, or disabled individual who would have been eligible under the State's Medicaid plan which was in effect on January 1, 1972 even if these individuals would not be eligible for SSI benefits. Those States' pre-SSI plans contained criteria which are in some respects more generous to Medicaid applicants and recipients than those of the SSI program. Both district courts read 42 U.S.C. § 1396a(f) to require States electing the option to provide Medicaid to any aged, blind, or disabled individual if the individual would have been eligible under the January 1, 1972, State plan for Medicaid. Under Missouri's January 1, 1972, State plan, the court ruled that the "home" of an institutionalized Medicaid recipient was excluded for life from consideration as part of the individual's resources (in determining his/her eligibility) even if the individual does not intend to return to his home. SSI exempts an individual's home in these cases only if he intends to return to it. In its January 1, 1972, State plan, North Carolina exempted from an individual's resources income producing property if the property produced a net return on its value of approximately $1 per year. SSI employs a more rigorous test. In order to be exempted, the property must produce 6 percent or greater return on its value and have no greater value than $6,000. If the property meets the 6 percent test, but has greater value than $6,000, only the first $6,000 is exempted.

HHS has consistently interpreted § 1396a(f) to only require States to provide Medicaid to any aged, blind, or disabled individual whom the State is already obligated to cover by virtue of another provision in the Medicaid statute, such as the requirement to cover all SSI recipients. Thus, to the extent that the State's January 1, 1972, plan was more liberal than SSI, the option only authorized the States to use their January 1, 1972, criteria which are equally restrictive or more restrictive than those of the SSI program. The district court decisions in *Savage* and *Morrow* have been appealed to the Court of Appeals for the Eighth and Fourth Circuits respectively.

Smith v. *Bowen*

Nursing facilities which provide long term care to Medicaid beneficiaries are required by statute to meet certain "conditions of participation." The Secretary in turn prescribes the procedures, known as the "survey and certification" process, for determining whether a particular facility is in compliance with these conditions. In 1984 the Court of Appeals for the Tenth Circuit ruled that the current survey and certification system fails to satisfy the Secretary's duty to assure high quality care in nursing homes because it focuses too much on the capacity of the facility to provide care, rather than on the actual care being received by individual patients. *Smith* v. *Heckler*, 747 F.2d 583 (10th Cir. 1984). The court, therefore, ordered the Secretary to issue new regulations to implement a "patient-oriented" system.

On August 9, 1985, the district court for the District of Colorado issued an order on remand in this case requiring the Secretary to publish a notice of proposed rulemaking (NPRM) by October 31, 1985, setting forth "the procedures and timetable" for proposing the required regulations and survey forms. The NPRM, which was published at 50 Fed. Reg. 45584 and made subject to prior public comment, describes a new survey system designed to better enable the Secretary to determine the quality of care provided to the patients and residents.

ITEM 7. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

JANUARY 23, 1986.

DEAR MR. CHAIRMAN: Thank you for your letter of October 31, 1985, requesting that the U.S. Department of Housing and Urban Development prepare an annual report on our activities affecting the elderly.

The Department is again pleased to report on a variety of programs which benefit the elderly. If I can be of further assistance, please let me know.

Very sincerely yours,

SAMUEL R. PIERCE, Jr., Secretary.

Enclosure.

U.S. Housing for the Elderly

INTRODUCTION

The Department of Housing and Urban Development's (HUD) efforts to serve the elderly are characterized by our concern to maintain and focus housing and services while achieving necessary budget savings. Under the leadership of Secretary Samuel R. Pierce, Jr., HUD has acted to assert administrative responsiveness and direction to insure housing production, to provide opportunities for necessary auxiliary services, to assist the elderly it serves, and to pursue extensive research aimed at improving the quality of life of aging Americans.

The coordination of services for the aging has been given a high priority by being located in the Office of the Secretary, under the direct supervision of the Deputy Under Secretary for Intergovernmental Relations. Programs of direct loans and loan guarantees to provide adquate production of housing for the elderly are being maintained, and various offices of HUD are exploring methods of better servicing the elderly we house. HUD also encourages the use of community development funds to assist the elderly.

The Department has entered the current period of Federal fiscal restraint, confident that programs for the elderly will provide the flexibility and level of support necessary to meet the housing needs of the elderly.

I. INTERGOVERNMENTAL RELATIONS

In March 1981, Secretary Pierce established the Office of the Deputy Under Secretary for Intergovernmental Relations as a new office within the Office of the Secretary. The Office's Special Advisor for Elderly Programs is responsible for maintaining contact with public interest groups, representing the elderly and responding to their concerns about Departmental programs; working with other Federal agencies, the White House, and HUD program offices to insure specific attention to the elderly population's concerns; and for handling casework problems involving the elderly. The Office works closely with the Administration on Aging, the Federal Council on Aging, and many other Federal agencies to better coordinate housing initiatives for the elderly. In January 1985, the Department co-sponsored a National Home Equity Conversion Conference to present the state of the art activities regarding this new concept. Over 200 participants from Federal, State, and local governments, special elderly organizations, and the private and public sector were in attendance. Proceedings of the Conference are available to interested parties.

As part of the Office's outreach effort, over 5,000 copies of the 1984 Annual Report to the U.S. Senate Special Committee on Aging were distributed to national, State, and local elderly organizations, and to interested citizens. A quarterly information report, *Elderly News Update*, regarding housing issues related to the elderly, was developed and nearly 10,000 were distributed. In addition, the U.S. Consumer Product Safety Commissions' *Elderly Consumer Safety Booklet* was mailed to all the Department's public housing projects and other interested parties. The Office also published and distributed a Fact Sheet on Depatment programs to assist the public in better understanding the role of the Department as it pertains to services for the elderly.

In cooperation with the four other Federal agencies, the Office signed a Memorandum of Agreement with the National Endowment of the Arts to review and modify the American Institute of Architects' booklet *Design for Aging*. This booklet will be distributed to architects throughout the country who design homes for the elderly. The Office also assisted the U.S. Conference of Mayors in drafting a document helping local jurisdictions to assess elderly housing needs. This document was distributed to nearly 1,000 communities around the country. The Office of Intergovernmental Relations continues to review the housing activities of State and local governments, the public and private sector, and elderly groups in order to better serve elderly Americans.

II. HOUSING

A. Section 202—Direct Loans for Housing for the Elderly or Handicapped

The Administration recognizes the special needs of the elderly and handicapped and has made a commitment to assist them. Therefore, the Department funded

12,469 Section 202 units in fiscal year 1985, even though HUD emphasizes reliance on existing housing stock in its other assistance programs.

Section 202 was first enacted as part of the Housing Act of 1959 to provide direct Federal long-term loans for the construction or substantial rehabilitation of housing and related facilities for the elderly or handicapped. The program was intended to serve persons whose income was above public housing eligibility levels but still insufficient to obtain adequate housing in the private market. In addition, beginning with fiscal year 1983 fund reservations, loans may be made for the purchase of existing structures without rehabilitation or with only moderate rehabilitation in order to provide group homes for physically handicapped, developmentally disabled, or chronically mentally ill adults. The Housing and Community Development Act of 1974 amended the program to permit the use of Section 8 housing assistance payments for eligible lower-income persons who live in projects financed under the program. These payments make up the difference between what the tenant is required to pay for rent and the total rent required for the unit. In fiscal year 1985, the interest rate for Section 202 loans was 9¼ percent. It is expected to continue at that level for fiscal year 1986.

Because of the Department's outreach efforts to help minority Americans, minority sponsors were awarded over 18 percent of the fiscal year 1985 Section 202 funds for almost 17 percent of the units to be built. From reactivation of the program in fiscal year 1974 through fiscal year 1985, almost $8 billion has been reserved, representing approximately 3,358 projects and more than 188,000 units, including the fiscal year 1985 awards.

B. Section 231—Mortgage Insurance for Housing for the Elderly

Section 231 of the National Housing Act authorizes HUD to insure lenders against losses on mortgages used for construction or rehabilitation of rental accommodations for persons aged 62 years or older, married or single. Section 231 is HUD's principal mortgage insurance program designed solely for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program. Section 231 also permits the construction of congregate housing projects. At the end of fiscal year 1985, 498 projects, providing 66,164 units for elderly families, were insured under the program.

C. Sections 221(d)(3) and (4)—Mortgage Insurance Programs for Multifamily Housing

While these programs are not specifically for the elderly, they are available to nonprofit and profit-motivated mortgagors as alternatives to the Section 231 program. Sections 221(d) (3) and (4) authorize the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures. Special projects for the elderly can be provided under these programs, and may include features such as congregate facilities. HUD also makes mortgage insurance available under Section 221(d)(4) for Retirement Service Centers, which are market-rate residential rental projects for elderly tenants that include meals served in central dining facilities and services such as housekeeping and weekly laundering of linens. Mortgages under Sections 221(d) (3) and (4) can be processed and coinsured by approved coinsuring lenders. From the programs' inception through September 1985, a total of 10,520 projects containing 1,116,778 units has been insured, of which 469,608 units receive Section 8 rental assistance. More than 32 percent of these units have elderly occupants.

D. Section 223(f)—Mortgage Insurance for the Acquisition or Refinancing of Existing Multifamily Housing Projects

This program offers mortgage insurance for existing facilities, including cooperatives and rental housing for the elderly, where repair needs do not warrant substantial rehabilitation. The program can be used either in connection with the purchase of a project or for refinancing only. To the extent that real estate liquidity is enhanced, Section 223(f) encourages investment in residential real estate of all kinds. Prior to its addition to the National Housing Act in August 1974, project mortgage insurance could be provided only for substantial rehabilitation or new construction. Mortgages under this program can be processed and coinsured by approved coinsuring lenders.

E. Section 232—Mortgage Insurance for Nursing Homes, Intermediate Care Facilities and Board and Care Homes

The primary objective of the Section 232 program is to assist and promote the construction and rehabilitation of long-term care facilities. The vast majority of the residents of nursing homes and intermediate care facilities are elderly. Since the program's enactment in 1959 through September 1985, the Department has insured 1,513 facilities, providing 178,936 beds, for a total of $2.6 billion. In fiscal year 1985, 50 projects, with a total of 6,339 beds, were insured for a total of $223.3 million. The Housing and Urban-Rural Recovery Act (HURRA) of 1983 established a Board and Care Home program for the elderly which permits units with shared bedroom and bath facilities and central kitchens. These facilities will provide 24-hour staffing for oversight of the residents. There is no medical component and no certificate of need is required. The facilities must be licensed by the State. Regulations to implement the Board and Care Home program were published in the Federal Register on September 16, 1985. Applications for mortgage insurance under the new program will be accepted and processed as soon as underwriting instructions have been issued to Field Offices.

F. Section 242—Mortgage Insurance for Hospitals

Under Section 242 of the National Housing Act, the Department insures mortgages to finance the construction or rehabilitation of nonprofit and proprietary hospitals, including major moveable equipment. The HURRA of 1983 expanded the coverage of this section to include public hospitals; a proposed rule to implement the legislation was published in October 1984. From the inception of the program through fiscal year 1984, the Department has insured 232 hospitals, providing 62,563 beds, for a total of $4.8 billion. In fiscal year 1985, 17 hospitals, providing 4,846 beds, were insured for a total of $691.2 million.

G. Section 8 Rental Assistance and Housing Vouchers

Section 8 of the United States Housing Act of 1937 authorizes housing assistance payments to aid lower-income families in renting decent, safe and sanitary housing. Section 8 provides rental assistance for lower-income families for a variety of housing types, including new construction, substantial and moderate rehabilitation, and existing housing. Under the programs, assisted families generally pay 30 percent of adjusted income toward rent and HUD makes up the difference. As of September 30, 1985, approximately 2.4 million Section 8 units were cumulatively reserved. Of those units, approximately 39 percent are occupied by the elderly.

The Section 8 Existing Housing Certificate program has proved particularly helpful to elderly families, because many of them are eligible to receive assistance while remaining "in place" in a dwelling unit which meets HUD's housing quality standards. A recent study indicates that the ratio of elderly recipients to applicants for assistance under this program was half again as high as for other families. As of September 1985, more than 852,000 families were participating in the "Finder-Keepers" Certificate program.

Housing Vouchers, which also enable families to receive assistance without moving, are expected to be even more beneficial to elderly persons because of the additional flexibility offered by the absence of rent ceilings. In fiscal year 1984, funds were reserved for 14,104 vouchers; 38,364 vouchers are preliminarily reserved for fiscal year 1985.

Authorization is provided also for shared housing arrangements under Section 8 programs. HUD issued a proposed rule for this option in 1984 and expects to issue a final regulation implementing it in the near future. One possible shared housing arrangement of particular interest to elderly families will permit homeowners to rent space in their homes to tenants who receive rental assistance; such arrangements can contribute to reduced housing costs, companionship, and security for elderly persons. Single Room Occupancy (SRO) housing is another option that some localities may find especially beneficial for certain segments of the elderly population. SRO's are eligible for assistance under the Section 8 Moderate Rehabilitation program and the Housing Voucher program. The HURRA of 1983 authorized SRO's for the Section 8 Existing Housing program. The Department has issued regulations which will make SRO housing available when Fair Market Rent schedules are next published.

H. Congregate Housing Services Program

The Congregate Housing Services Program was designed to test the cost-effectiveness of providing supportive services for the elderly and handicapped under HUD auspices to prevent or delay unnecessary institutionalization. Under this program, HUD extends multi-year grants (3 to 5 years) to eligible public housing agencies and nonprofit Section 202 sponsors for meals and other support services to frail elderly and nonelderly handicapped residents. As of September 30, 1985, $23.7 million had been obligated to grantees and $125,000 remains in reserve from fiscal year 1983 funds. Sixty-two grantees are in operation, serving about 1,800 residents on a regular basis. Another 500 were served last year on a short-term, temporary basis, usually after incapacitation or hospitalization. Congress appropriated $4,144,000 for fiscal year 1985. These funds are being used to extend 29 fiscal year grants from 5 to 6½ years. The renewals will be processed in fiscal year 1985 and early fiscal year 1986, consistent with each grantee's current termination date.

I. Evaluation of Home Equity Conversion Mortgages for the Elderly

The Housing and Urban-Rural Recovery Act of 1983 authorized an evaluation of the existing use of home equity conversion mortgages in the conventional market. These mortgages are designed to help elderly homeowners who wish to remain in their homes, but need to convert some of their equity into income to meet increased living expenses, pay for housing repairs, and help pay for other major expenses. The evaluation will include information on the extent to which such mortgages improve the financial situation or otherwise meet the special needs of elderly homeowners, the risks incurred by mortgagors in using such mortgages, and the potential for market acceptance.

J. Manufactured Home Parks

At the request of the Administration, the Housing and Urban-Rural Recovery Act of 1983 amended Section 207 of the National Housing Act to permit mortgage insurance for manufactured home parks exclusively for the elderly. The program has been operational since publication in March 1984 of a final rule implementing the legislation.

K. Minimum Age Covenants ("Retirement Villages")

As a result of a While House initiative, FHA single-family insurance is available for retirement villages exclusively for occupancy by the elderly. HUD can insure mortgages on properties in subdivisions and planned communities which restrict ownership to those above a certain age, and which restrict the occupany and the duration of visits by children.

L. Pet Ownership

The Housing and Urban-Rural Recovery Act of 1983 provides for pet ownership in assisted rental housing for the elderly and handicapped, and for the establishment of reasonable rules for the keeping of pets by tenants in such housing.

III. PUBLIC AND INDIAN HOUSING

A. Public Housing

Public housing was created by the U.S. Housing Act of 1937 and has always included the elderly as eligible residents. In 1956, the Congress authorized public housing especially designed for the elderly, incorporating safety and security features. Handicapped persons of all ages with low incomes are statutorily included as well Public Housing Agencies (PHA's) develop and operate the housing, which is financed through direct HUD loans and the sale of bonds and other obligations. The Federal Government makes annual contributions to repay the PHA's borrowings and, with operating subsidies, assures that low rents and adequate services are available. In 1970, legislation was enacted, encouraging PHA's to develop congregate rental housing for the elderly and handicapped. Congregate housing differs from the usual multi-unit housing in that the living units may not have individual kitchens, but must have a central kitchen and dining facility to serve communal meals. Supportive services are available under the congregate housing services program. Services are also provided by agencies that rely on private, local government and/or Federal funding under the Older Americans Act or Social Security Act.

As of September 30, 1985, approximately 514,000 units of low-income public housing, or 43 percent, were occupied by the elderly. These figures do not include elderly occupancy of Section 8 units leased by PHA's.

B. Indian Housing

The Department provides housing assistance for elderly Indians and Alaskan Natives pursuant to the U.S. Housing Act of 1937, as amended. The Indian Housing Program is similar to the Public Housing Program. Indian Housing Authorities (IHA) operate rental and homeownership opportunity programs primarily on Indian lands. As of September 30, 1985, there were about 170 IHA's operating over 54,000 units, of which about 3,500 house the elderly in specifically designed units. Currently 11,500 units are in various stages of development and will be available for occupancy within the next 2 to 3 years. Several hundred of these units are designed for the elderly.

In collaboration with the State of Alaska, an elderly demostration project containing 120 units in Anchorage became available for occupancy. The project is owned and operated by the Cook Inlet Housing Authority. The State contributed 65 percent of the development funds and HUD contributed the remainder. HUD views this demonstration as a way to meet the joint responsibilities to house low-income Indians that can be repeated in other States that have the resources. HUD has just reserved funds for an additional 40 units of congregate housing for the elderly at Cook Inlet which will have about 50-percent State funding. The Department is encouraging tribes with substantial and available assets to contribute to similar partnerships to increase the number of units for the elderly. For example, the Potawatomi Tribe in Oklahoma is contributing the land and the cost of off-site utilities for an industrialized housing project for the elderly.

IV. COMMUNITY PLANNING AND DEVELOPMENT

A. Community Development Block Grant Entitlement Program

The Community Development Block Grant (CDBG) program is a major source of funds for cities to conduct a wide-range of community development activities designed to help low- and moderate-income households, eliminate slums and blight, or meet other urgent community development needs. In 1984 the CDBG program made available approximately $3.4 million to States and communities. Approximately $2.4 billion of this sum went to 783 cities and urban counties by entitlement with individual amounts determined by formula. Most of the balance, approximately $1 billion, went to States to be distributed to small cities with a population of under 50,000.

Elderly residents of CDBG Entitlement communities benefit directly and indirectly from a variety of CDBG funded projects. However, because of the decentralized nature of the CDBG program and because local communities are not required to report program beneficiaries by age, it is impossible to estimate the exact total of CDBG funds that directly address the needs and problems of the elderly. Available information does show, however, that slightly more than $13.6 million in fiscal year 1984 was budgeted by communities specifically for assistance to senior centers. Metropolitan cities planned to use two-tenths of 1 percent, or $4.3 million, of their funds for this purpose and urban counties 2 percent, or $9.3 million.

Another major source of elderly benefits in the CDBG program is local funding for housing rehabilitation activities, which represents approximately 36 percent of all CDBG entitlement spending. Although the exact amount cannot be determined, a large proportion of the $970 million budgeted to such activities in 1984 did benefit the elderly. Many communities use CDBG funds to make home improvement grants, write down the interest rate of conventional home improvements loans, and provide weatherization services for elderly owners and renters.

In addition, significant amounts of CDBG entitlement spending for neighborhood improvements, public services, and other public works directly or indirectly benefit the elderly. In 1984, CDBG entitlement cities and urban counties allocated about $21.6 million for public housing rehabilitation, $240.2 million for the provision of public and social services, $30.2 million for improvements to and operation of neighborhood facilities, $11.1 million for the removal of architectural barriers, $7.1 million to centers for the handicapped, and $75.1 million for other public facilities. Again, it is not possible to estimate the total CDBG benefit to the elderly from these types of projects, but these types of activities have traditionally provided significant benefits to the elderly.

Listed below are specific illustrations of how the CDBG Entitlement program can be and is used to provide a wide-range of benefits and services to the elderly:

—Jefferson County, KY, budgeted $405,000 in CDBG funds for the rehabilitation of homes owned by the elderly. These funds made possible alterations to meet the special needs of the elderly and handicapped homeowners.

—Riverside County, CA, used $72,542 in Block Grant funds to convert a 3,872-square foot commercial structure into a senior center for use by the elderly.

—Nassau County, NY, allocated $854,756 of CDBG funds to expand and improve the Senior Citizens Center and to rehabilitate homes owned by the elderly.

—New Haven, CT, allocated $7,350 of Block Grant funds to St. Andrew's Senior Companion Program which provides companionship for elderly homebound persons.

—Los Angeles, CA, used $47,234 of its CDBG allocation to lease a senior citizens' multipurpose center which provided the elderly with centralized social services. The City of Los Angeles also designed and constructed a service facility for the elderly which provided nutritional assistance, education, cultural, and recreational opportunities.

—In Chicago, IL, a neighborhood community organization received $555,000 in Block Grant funds from the city to perform home repairs for the elderly, and a multi-purpose Senior Center was designed and constructed to provide educational, recreational, and nutritional programs.

B. CDBG Small Cities Program

Beginning in fiscal year 1982, States were given the option of assuming administrative responsibility for the Small Cities CDBG Program. In fiscal year 1984, 47 States exercised that option; only three States elected to have HUD field offices administer the program. Although statutorily eligible activities are the same for both the entitlement and State-operated small cities programs, States may restrict the activities funded or structure their funding competitions to favor a few activities important to their States. With the exception of a few States that allocated their funds to cities by formula or through regional organizations, most States distributed these funds through a competition among their small communities.

As in the CDBG entitlement program, elderly persons benefit both directly and indirectly from a variety of small cities CDBG-funded projects. Since the bulk of the money is distributed by States which are not required to report in a systematic fashion who benefits from the activities of their grantees, the exact level of benefit to the elderly cannot be determined. However, based on the reports of 44 States for fiscal year 1984, 49 percent of CDBG small cities spending for those States was allocated to public facilities which included support for senior centers, neighborhood facilities, centers for the handicapped, and removal of architectural barriers. Another 16 percent of program funding went for housing rehabilitation-related activities such as rehabilitation of private properties, public residential structures, and public housing modernization, some of which was allocated for the elderly. Public services may also be funded out of CDBG small cities grants.

The following examples illustrate the types of projects which directly benefit elderly persons that have been funded in 1985 by State-administered small cities programs:

—Keoku, IA, is lowering the ceiling and insulating an old downtown building that is to be used for a senior citizen center.

—Newport, TN, is rehabilitating an existing senior citizen center to meet fire codes by replacing the roof and providing access for the handicapped. It is operated by the city and serves 1,600 senior citizens in the city and Cooke County.

—Jefferson County, WA, is renovating and converting a furniture store for a senior center and operating a motel to create jobs for low- and moderate-income people to fund the operation of the senior center.

—Oak Harbor, WI, is constructing a multi-purpose senior center.

—Jump River Town, WI, is rehabilitating the former Town Hall as a community center for elderly nutrition and health screening programs and for educational and social activities for other groups. The town has committed $20,000 to this effort.

C. Urban Development Action Grant (UDAG) Program

Cities and urban counties which meet minimum standards of physical economic distress are eligible for Urban Development Action Grants (UDAG's) to assist economic development projects in their community. Communities that fail to meet the community-wide test for eligibility, but have small areas within their boundaries that have large numbers of lower-income persons, are eligible to apply for grants under the "pocket of poverty" provision enacted in 1979. The purpose of the UDAG porgram is to upgrade the economic base of these cities and provide permanent jobs, especially for low- and moderate-income persons. Urban Development Action Grants are awarded through a nationwide competition that considers such factors as the relative distress of the city, amount of private funds leveraged by the UDAG grant, number of jobs created, and severity of economic problems of the locality.

In fiscal year 1985, 349 projects were given preliminary application approval; these projects involved $476 million of action grants. Since the inception of the program, UDAG awards have helped communities develop downtown and suburban shopping areas, community centers, and other public facilities that have indirectly benefited the elderly. In addition, sicne 1978, 93 projects in over half of the States and Puerto Rico have been awarded funds to assist meeting the needs of elderly persons and households. Examples of fiscal year 1985 Urban Development Action Grant projects receiving preliminary approval that directly benefit the elderly are:

In Wilmington, DE, UDAG funding will help rehabilitate an historic elementary school for reuse as a congregate housing facility for retired senior citizens to include 62 one-bedroom apartment units, each containing a bathroom and kitchen; common dining room, kitchen and laundry facilities; an activity and crafts room; plus a library.

In New Brunswick, NJ, UDAG funds will assist construction of a 240-bed residential care facility with support services; the construction of 70 units of elderly housing and surface parking for a total of 168 spaces.

In Springfield, OH, UDAG moneys will help renovate an historic hotel building into 83 elderly-oriented rental apartment units and 10,000 square feet of space leasable for office and retail purposes, plus demolition of four smaller buildings to provide approximately 70 surface parking spaces.

D. Section 312 Rehabilitation Loan Program

Section 312 of the Housing Act of 1964, as amended, authorizes the Secretary to make loans for the rehabilitation of single family and multi-family residential, mixed-use, and nonresidential properties. To be eligible, properties must be located in designated areas (i.e., principally urban homesteading areas at this time) or the rehabilitation must be necessary or appropriate to the execution of an approved Community Development Program under Title I of the Housing and Community Development Act of 1974, as amended. There are no national income limits for applicants, but communities are statutorily required to give priority to loans to low- and moderate-income owner-occupants. During fiscal year 1984, loans were made at 3 percent to owner occupants whose incomes were at or below 80 percent of the median income for that metropolitan area; 5-percent loans were available for multi-family or investor-owned single-family rental properties where private rehabilitation funding equalled or exceeded the Section 312 support; a 9-percent rate applied in all other situations. The term of the loan is the shortest reasonable term consistent with the borrower's ability to pay, but in no instance is it more than 20 years.

In fiscal year 1984, the Section 312 program obligated $86.9 million for loans in 390 communities. These funds derived from repayment of prior loans, recovery of prior year commitments, and the unobligated balance from fiscal year 1983. The funds were used to make 3,222 single-family loans for the rehabilitate of 4,028 units; and 208 multi-family nonresidential or mixed-use loans. No data are available on the age of tenants in the multi-family properties rehabilitated, but it is highly likely that a substantial proportion of elderly residents reside in these units. Based on available loan application data, 55 percent of the Section 313 single-family loan recipients were less than 40 years of age, 31 percent were between 40 and 60 years of age, and 14 percent were 60 years of age or older.

E. Rental Rehabilitation Program

On November 30, 1983, President Reagan signed into law the Housing and Urban-Rural Recovery Act of 1983. That law contained authorizing legislation for the Rental Rehabilitation Program: Section 17 of the U.S. Housing Act of 1937 (42 USC 14370). The Rental Rehabilitation Program provides grants to cities with population of 50,000 or more, urban counties, approved consortia of units of general local government, and States to finance the rehabilitation of privately owned rental housing. The program is designed to assure an adequate supply of standard housing that is affordable to lower-income tenants. It achieves this purpose by (1) increasing the supply of private market rental housing available to lower-income tenants by providing government funds to rehabilitate existing units, and (2) through special allocations of the Housing Voucher Program and the Section 8 Existing Housing Certificate Program, offering rental assistance to very low-income and displaced lower-income persons to help them afford the increased rent of the rehabilitated units or to move to and obtain other housing.

Congress has appropriated $300 million for the Rental Rehabilitation Program, $150 million each in fiscal year 1984 and 1985. Of this amount, $1 million each year was statutorily set aside for technical assistance to program participants to help them plan, develop, and administer their programs and activities more effectively, leaving $149 million per year available for grant allocation. Approximately 30,000 Section 8 Existing Housing certification and Housing Vouchers have been made available annually for use in connection with the Rental Rehabilitation Program for those fiscal years.

In fiscal year 1984, program obligations were $145.4 million, which is 98 percent of the program level for that year. For fiscal year 1984, 399 cities and urban counties participated as direct grant recipients; 37 States and Puerto Rico elected to adminster their own programs for smaller jurisdictions; and the Department administered the programs for 13 other States that elected not to administer their own programs.

Since the Rental Rehabilitation Program is new, the number of completed units is still relatively small. Based on the 264 units completed by June 30, 1985, for which information is available, however, it can be estimated that 8 percent of the tenant households residing in those units after rehabilitation were elderly.

V. POLICY DEVELOPMENT AND RESEARCH

Research Projects

The Office of Policy Development and Research (PD&R) is currently sponsoring several projects related to the housing needs of the elderly. During fiscal year 1985 the evaluation of the Congregate Housing Services Program (CHSP) was completed and the final report prepared. The results were mixed; while adminstratively feasible to operate, CHSP did not have a major impact on institutionalization rates.

Several projects funded by HUD in fiscal year 1983 were completed. The Consumers Union Foundation published their guidebook for the elderly and their families on how to make retirement housing choices.

Two Energy Management Company (EMC) demonstrations were undertaken in 1985 in two HUD-sponsored elderly porojects financed under Section 202, one in Rockville, MD, and the other in Newark, NJ. A planned third project in Section 231 insured housing was dropped. An EMC is a private sector firm which contracts with building owner to identify ways to conserve energy, to finance and install appropriate energy conservation measures, and to obtain its compensation through sharing the savings in energy expenditures with the building owner. Early reports from the two demonstration projects, which were completed during the spring and summer of 1985, show monthly savings averaging $4,600 for the first few months of operation. The success of these demonstration has led to a decision to undertake a similar demonstration in public housing; selection of public housing projects and EMC's will be carried out early in 1986.

Finally, PD&R is completing its study of Home Equity Conversion Mortgages (HECMs) for the elderly, which will go to Congress shortly. HECM's are devices which allow elderly homeowners to convert their home equity into income while remaining in their home. The report will document the limited use of HECM's to date, assess potential demand by analyzing income and other characteristics of the elderly population, describe the risks and possible safeguards of HECM's, and examine the feasibility of FHA and Farmer's Home Adminstration insurance of HECM's in a demonstration project.

Joint Venture for Affordable Housing

The Joint Venture for Affordable Housing, reported in the 1984 Annual Report, is continuing to work to reduce housing costs through partnerships with local government officials and the housing industry to identify and modify local building, zoning, and site development regulations which add unnecessary costs to housing. While the Joint Venture is applicable to all types of housing, there is a direct benefit to elderly homeowners through the provision of smaller housing units which meet their needs and permit them to move out of older, too-large home; in turn, these homes become a housing resource for young, growing families in need of more space.

The Joint Venture demonstrations now include 40 projects in 33 States, and have recorded savings of 20 percent and more in housing costs through regulatory review and change. In addition, the Department is now actively supporting community changes in their areas.

VI. FAIR HOUSING AND EQUAL OPPORTUNITY

Congress passed the Age Discrimination Act of 1975. The final regulation should be published in the Federal Register before the end of 1985. During the past 2 years, HUD received 19 complaints alleging age discrimination in obtaining housing. Fourteen of these complaints were referred to the Federal Mediation and Conciliation Sevice (FMCS). The remaining five were returned to HUD for investigation. As a result, one complaint was resolved successfully; one was withdrawn; one was determined to be an employment complaint and referred to EEOC; and the other was investigated by another agency.

For additional information, contact the Office of the Deputy Under Secretary for Intergovernmental Relations, Special Advisor for Elderly Programs at (202) 755-5318 (this is not a toll free number).

SUMMARY OF HUD ELDERLY HOUSING PROGRAM ACTIVITIES

[Cumulative through Sept. 30, 1985]

Section and program	Status of program	Number of projects	Units or beds	Mortgages or loans	Elderly units	Percent of elderly units
Unassisted programs—Insurance written: [1]						
231—Mortgage insurance of housing elderly	Active	498	66,164	$1,154,618,727	66,164	100
221(d)(3)—Multifamily rental housing	do	3,616	364,722	6,159,138,003	35,858	10
221(d)(4)—For low- and moderate-income families	do	6,904	752,056	20,113,648,217	115,962	15
232—Nursing home and intermediate care facilities	do	1,513	178,936	2,609,104,017	178,936	100
242—Mortgage insurance for hospitals	do	232	62,563	4,797,533,670	NA	NA
Assisted programs: [2]						
202—Direct loans for housing for elderly and handicapped	do	3,358	188,071	7,761,806,605	169,264	90
202/236—202/236 conversions	Inactive	182	28,591	487,075,452	28,591	100
8 [3]—Low-income rental assistance:						
New construction	Active	10,694	658,693	NA	342,453	52
Substantial rehabilitation	do	2,261	147,767	NA	53,981	37
Moderate rehabilitation	do	1,503	96,212	NA	20,932	22
Existing	do	NA	1,283,674	NA	340,824	27
Housing vouchers	do	NA	[4] 52,468	NA		

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[1] Figures obtained from Management Information Systems Division, Housing, Department of HUD.
[2] Figures for Assisted Programs indicate cumulative reservations. Figures were obtained from the HUD FY 1986 Budget Summary and preliminary FY 1985 actual data.
[3] Excludes 202/8 reservations.
[4] Figure obtained from Assisted Housing Accounting System, Office of Finance and Accounting, HUD.

ITEM 8. DEPARTMENT OF THE INTERIOR

DECEMBER 12, 1985.

DEAR MR. CHAIRMAN: Secretary Hodel appreciated your letter of October 31, 1985, requesting information for the annual report on Development in Aging by the U.S. Senate Special Committee on Aging for general distribution to the Congress, State and local governments, professionals, academics, journalists and interested individuals. The Secretary has asked me to respond with our report on Developments in Aging for 1985, and to relay to you that we valued the visability you gave the Department of the Interior in your 1984 annual report.

The reports from our bureaus and offices on the developments in aging in their programs and activities are presented in attachments A–O. Some of the highlights from the bureau and office reports are:

The employment of older persons, including re-employed annuitants, as engineers, scientists, administrators and other occupations, an awards program, projects and facilities for the disabled, and recreational opportunities in the Bureau of Reclamation (A); The utilization of older persons with technical expertise, and retirement counseling in the Bureau of Mines (B); Public recognition of older and retired employees by the Geological Society and USA TODAY, regular review of internal and external recruitment policies and procedures, 159 awards for 30 and 40 year service, and one retirement with 55 years service and 23 with 50 years service in the Geological Survey (C); Forty-three percent of work force over age 40, 94 employees over age 60, 19 over age 65, 9 over age 70, mineral royalty payments to older American Indians, and training for senior employees in the Minerals Management Service (D).

Also, Human relations and equal employment coordinators and counselors for employees over age 40, training programs for supervisors and managers to correct sterotyping the elderly, appropriate literature, and community out-reach activities in the Human Relations Office (E); Responsibilities for the aging by the territorial governments, and employment and promotion opportunities in the Office of Territorial and International Affairs (F); Elderly, included in out-reach programs and the Federal Equal Opportunity Recruitment Program, architectural accessibility in the Main Interior Building, and demographic information on employee workforce in the Office of Administrative Services (G); Custodial care for aging American Indians at home or in institutions and a housing improvement program in the Bureau of Indian Affairs (H); Use of more than 400 volunteers over age 55 on western public lands including the Sun Belt and joint projects with local senior citizen programs, American Association of Retired Persons new volunteer clearinghouse system, Senior Community Service Employment Program, and the Green Thumb Program in the Bureau of Land Management (I).

Also, Golden Passport program with 50 percent discount, many recreational activities in 500 wildlife refuges and fish hatcheries, 1,090 elderly and handicapped people used the National Fisheries Center in 1985, architectural and transportation accessibility improvements, volunteer opportunities, and Youth Conservation Corps projects for senior citizens in the Fish and Wildlife Service (J); Final regulations for the Age Discrimination Act, onsite compliance reviews of 85 large urban park and recreation systems, financial assistance, discrimination complaint handling, and assistance to 70 communities on self-evaluations of their park and recreation practices in the Office of Equal Opportunity (K); Job Corps projects designed to assist senior citizens at Harpers Ferry, Fort Simcoe and White Swan, and the involvement of elderly community groups in the Office of Youth Programs (L).

Also, 1 departmental employee over age 90, 16 over 80, and 283 employees over age 70 reported by the Office of Personnel (M); Special efforts to improve services to elderly and disabled persons throughout the national parks with such as day camps, senior centers, special tours and programs and outreach into convalescent hospitals and nursing homes, Golden Passport program, removal of mobility barriers for the elderly, special audiovisual provisions for the people with visual and hearing problems, interagency follow-up on the Nationwide Recreation Survey, financial and technical assistance to States that include needs of special populations, and 887 employees over age 60 in the National Park Service (N); and, Abandoned Mine Lands Program that stabilizes homes and foundations occupied by elderly people, development of parks and lakes, and the program to determine the carbon monoxide level of homes in areas of underground mine fires to protect the lives of senior citizens in the Office of Surface Mining (O).

We are once again pleased to submit this report to you that demonstrates the attention given by the Department of the Interior to the special needs and interests of the aging population. The concerns and efforts that your Special Committee on

Aging provides senior citizens is truly appreciated by us in Interior, and we will continue to cooperate in every way possible.

Sincerely,

Dr. Andrew S. Adams,
Special Projects Administrator,
Policy, Budget and Administration.

Attachments.

Attachment A

Memorandum to: Dr. Andy Adams, Staff Assistant Policy, Budget and Administration.
From: Acting Chief, Division of Personnel Management.
Subject: Report on Developments in Aging, 1985.

In response to your memorandum of November 7, 1985, we are attaching the subject report for the Bureau of Reclamation. If we can be of any further service, please let us know.

BUREAU OF RECLAMATION ON DEVELOPMENTS IN AGING, 1985

The Bureau of Reclamation continues to carry out programs which provide meaningful opportunities for older Americans, especially in the areas of employment and recreation. We continue to support and encourage these programs throughout the Bureau.

In employment, the Bureau stresses equality for all applicants and employees. Vacancy announcements are open to all qualified individuals, regardless of age. The Bureau employs older persons in a broad spectrum of occupations, and relies on employment of the reemployed annuitants to fill significant staffing needs in many program areas. The Bureau, as an engineering organization, employes comparatively large numbers of engineers and physical scientists. We are often able to capitalize on the advanced level of skills and expertise which older employees can impart to other workers. The Bureau also utilizes retired individuals as members of boards and commissions, and in a variety of technical, scientific, or administrative professions. Each year in ceremonies which honor meritorious service and special achievements, recognition is given to senior employees for both length of service and outstanding performance. Also, the Bureau, through its citizen's award program, recognizes senior citizens for their contribution to the Reclamation program.

The Bureau has increased efforts to make our projects and facilities more accessible to handicapped individuals. Since a sizeable percentage of the aging population experience some degree of disability, these modifications make Bureau facilities more usable and enjoyable for the elderly as well.

Recreation opportunities are also available at many Bureau facilities for water-oriented activities such as fishing, swimming, boating, and camping. These leisure activities traditionally attract the retired and senior citizen population.

The Bureau is committed to continue efforts to ensure that senior citizens have full benefit of recreational activities available through Reclamation programs and that senior employees are provided equal opportunity to fulfill career goals.

Attachment B

Memorandum to: Andy Adams, Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Director, Bureau of Mines.
Subject: Report on Developments in Aging, 1985.

This is in response to your memorandum dated November 7, 1985, concerning the Annual Report on Developments in Aging.

As a scientific organization, the Bureau values the technical expertise that usually typifies the person who has had long and extensive experience in research, analysis, development and assessment activities. We continue to rely on the expertise of senior individuals for highly specialized technical and scientific positions. This is accomplished through reemployed annuitants, advisory committee memberships, faculty members, and other appropriate hiring authorities.

The Servicing Personnel Offices (SPO's) provided individual retirement counseling for all interested employees. SPO's performed a number of retirement computations for employees who were undecided about retirement, and in some instances, they decided to wait a couple of years. A number of field installations issued periodic information and reminder notices regarding pre-retirement seminars to persons who are eligible for retirement within a specific number of years. We continue to provide assistance and advice to senior employees who are interested.

ATTACHMENT C

Memorandum to: Dr. Andy Adams, Special Projects Administrator.
From: Personnel Officer.
Subject: Report on Developments in Aging, 1985.

In response to your memorandum of November 7, 1985, subject as above, the following report details actions pertaining to older Americans carried out by the Geological Survey.

During the past year, the USGS has continued its efforts in support of programs that provide meaningful opportunities for older Americans, particularly in the important area of employment. Because our organization is primarily involved in scientific research and investigations, we place an especially high value on employees who are in the prime of their wisdom. We have traditionally utilized the highly specialized technical and professional knowledge and expertise of older workers through their continued employment as reemployed annuitants. These employees provide invaluable services to scientific advisory committees, program managers and individual scientists in their on-going pursuit of excellence in scientific investigations and research.

The Geological Survey's internal and external recruitment policies and procedures are reviewed regularly to assure that older applicants are fairly considered for employment, and that no vestige of age discrimination is discerned. The personnel staff is constantly alert to provide advice, counsel, and assistance to meet the needs of the older worker. In our annual report a year ago, we reported a total of 115 individual awards for 30-year and 40-year service awards. However, in the past year, we have granted a total of 159 service awards for 30-year and 40-year service. We have also had 23 employees retire with 50 years of service, one with 55 years of service and three with 60 years of service. This reflects the USGS' continuing dependence upon older, more experienced employees to help meet America's earth science research and investigative requirements.

In the case of older USGS employees who are eligible to retire, individual retirement counseling is available for those who are interested. In an effort to make retirement a pleasant and satisfying personal experience, we regularly schedule complete group training classes to explore the elements that contribute to a successful retirement. Once an employee has retired, he or she has an opportunity to participate in one of three retired employee organizations maintained by three of our major operating divisions. Each group has its own newsletter and active roster of retiree programs. Because the USGS so highly values its older employees, an extraordinary attempt is made to continue their involvement and professional contact with the USGS and its programs, and to encourage retired employees to continue to contribute to on-going projects, as retirees, in any way they can.

As an example of the kind of devotion and commitment demonstrated by many of the older USGS employees, the cover story of the November 19, 1984, issue of USA TODAY described the many years of field experience of Jack Dyer, a 60-year-old USGS cartographer engaged in mapping the Grand Canyon. The article detailed Mr. Dyer's many years of field mapping experience, some of it carried out under dangerous and unusual circumstances. Jack Dyer is typical of so many of the older USGS employees who continue to make important and valuable contributions to our mission, with seeming indifference to advancing age.

The scientific expertise of two of our older, retired employees was also formally and publicly recognized by the Geological Society of America (GSA). Both men were honored for scientific achievements attained while employed by the USGS. At a commemorative luncheon on November 14, 1984, Edwin B. Eckel was presented the GSA Engineering Geology Division's Distinguished Practice Award for 1984 for his long and distinguished career in engineering geology with the USGS. The award also recognized his service after retirement as Executive Director and Editor of the GSA to "substantially advance the profession of geology." Also, at the GSA annual meeting in Reno, Nevada, Donald E. White, a retired USGS senior research geologist, was presented the Penrose Medal, the "Nobel Prize" of geology, for his work as a specialist in hydro-thermal processes and the ways by which these processes lead to the formation of economic deposits of minerals. Retired since 1981, Mr. White, who is 70, has continued since then to work part-time for the USGS.

In addition to those employees cited above, there are numerous other older Americans associated with the USGS who have made, and who continue to make, substantial contributions to the earth sciences. The USGS is proud of the accomplishments of these senior citizens and pledges that it will continue to provide an employment atmosphere that is conducive to the maximum use and recognition of the wisdom, skills, and abilities of all older workers. Without exception, the USGS is committed to providing equal opportunity for all Americans. In particular, we shall continue to recognize the special, important contributions that older employees make to our society.

ATTACHMENT D

Memorandum to: Special Projects Administrator, Office of Policy, Budget, and Administration.
From: Assistant Director for Administration.
Subject: Report on Developments in Aging, 1985.

The Minerals Management Servcie (MMS) has no program specifically intended to benefit the aged. However, a number of facts and statistics point to significant accomplishments by the MMS that directly impact older workers, both in our work force and outside.

—Our total work force age 40 and over has increased over the past year from less than 40 percent to over 43 percent (923 of 2,142 employees). Of this total, 94 employees are over age 60 (4.38 percent), with 19 workers over age 65, and 9 over age 70. Clearly, the MMS is successfully hiring and retaining older workers.

—Special attention has been focused on identifying the employee development (training) needs of the older worker.

—Almost $125,000 has been spent to develop and deliver EEO training MMS-wide that includes coverage of age discrimination prohibitions. It is particularly important to the MMS that its managers and supervisors understand what constitutes discrimination and how to avoid situations that can lead to vaild charges of discrimination, including age discrimination.

—The MMS fully meets its responsiblity for providing equal opportunity tc all applicants and employees with regard to promotion opportunities, when applying for vacancies, requesting training, etc.

—We continue to perform our mission-related functions with diligence and with appreciation of the importance of our actions. One responsibility impacting large numbers of citizens is the approval of mineral royalty payments to various landholders, including native American Indians. Included in this group are numerous older Americans who often depend heavily on these payments to meet basic human needs and rely on the ability of the MMS to perform these financial responsibilities. We have greatly improved the system by which these payments are made, and plans are underway to make even more improvements.

ATTACHMENT E

Memorandum to: Special Projects Administration, Office of the Assistant Secretary, Policy, Budget and Administration.
From: Human Relations Officer.
Subject: Departmental Report on Developments in Aging, 1985.

This responds to your memorandum of November 7, 1985, requesting information for inclusion in the subject report to be furnished to the Senate Special Committee on Aging. The following activities incorporate age-related considerations:

1. In the processing and adjudication of EEO complaints pursuant to federal statutes and implementing regulations, discrimination based on age is a proscribed act and employees or applicants who are 40 years old or older are members of a protected class. Top management's policies re-state this emphasis.
2. In order to achieve the broadest work force representation in the composition of the Human Relations Coordinators and EEO Counselors, members of the 40 and over class are routinely selected for these collateral duty assignments.
3. Separate training programs targeted to supervisors and employees are scheduled throughout the year. A typical 6-hour session has as one of its main topics, "Human Relations: The Challenge of Diversity." Such topics help to promote interpersonal, intercultural and inter-office relations by helping to correct the myths and stereotypes regarding the aging and other alienated groups.
4. A Human Relations Compendium, prepared by the Human Relations Office for top managers, has a separate section on myths and realities associated with aging.
5. A Chronology of selected court decisions, Executive Orders and legislation regarding EEO, is updated semiannually and includes historical as well as recent issuances regarding age discrimination.

6. Community out-reach activities such as workshops, speaking engagements, etc., have promoted awareness and responsiveness regarding the aged and aging. For example, "Trigger Words," a publication on words to avoid in addressing others—including older persons—is in demand among other government agencies and private groups.

ATTACHMENT F

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Assistant Secretary—Territorial and International Affairs.
Subject: Report on Developments in Aging, 1985.

The following information is furnished in response to your memorandum of November 7, regarding the above subject.

The Office of Territorial and International Affairs does not have any programs which are oriented specifically towards older citizens. Regarding the various territories, they have formed constitutional governments and apply directly for funding to the various Federal services and activities affecting the elderly and directly administer such programs within their governments.

Our policy is consistent with that of the Department's in that we provide equal access to employment and promotion opportunities. Age is not a consideration.

ATTACHMENT G

Memorandum to: Andy Adams, Special Projects Administrator, PBA.
From: Personnel Officer, Office of the Secretary.
Subject: Report on Developments in Aging, 1985.

As a part of our continuing efforts to include all segments of the population within the operating personnel programs of the Office of the Secretary, we are continuing to assure that our managers give impartial treatment to applicants and current employees who meet the guidelines of section 3307 of title 5, United States Code. We include the elderly in our outreach programs and also include them among the targeted groups in our Federal Equal Opportunity Recruitment Program.

We continue to work with the Division of General Services to provide equal access to the main Interior building for the elderly when entering to inquire about Interior programs or opportunities for employment with the Office of the Secretary.

We are also continuing to work closely with the Human Relations Office to improve communications with employee groups, including the elderly, and to provide that office with the best possible information resources concerning the demographic composition of the employee workforce.

ATTACHMENT H

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Deputy Assistant Secretary—Indian Affairs.
Subject: Report on Developments in Aging, 1985.

This report is essentially the same as the report submitted for 1984. The Bureau of Indian Affairs has no special programs for the aged, however, the elderly Indians have been and are benefiting from programs such as social services and housing assistance.

The Bureau's Division of Social Services administers a program of financial assistance to eligible Indian people, one pertinent component of which is custodial care for adults. Custodial care is essentially nonmedical care and protection provided to an eligible client when, due to age, infirmity, physical or mental impairment, that client requires care from others in his or her daily living. This care may be provided, in the most appropriate nonmedical setting, including the client's home, an institution or other group care setting.

The Bureau of Indian Affairs also has a Housing Improvement Program (HIP) which involves the repair and renovation of existing housing and the construction of some new homes on Indian reservations and in Indian communities. The HIP is a grant program and is aimed at improving the standards of housing for those people who are not qualified to receive housing assistance from any other source. Although eligibility to participate in HIP is not based upon the age of the applicant but rather upon need for decent housing, a good many recipients involve elderly Indians since their qualifications and participation in other housing programs are more unlikely.

ATTACHMENT I

Memorandum to: Dr. Andy Adams, Special Project Administrator, PBA.
From: Assistant Director, Administration, Bureau of Land Management.
Subject: Report on Developments in Aging, 1985.

This responds to your request for a report on the activities of the Bureau of Land Management (BLM) on Developments in Aging.

The Bureau's recruitment of older citizens to serve in its volunteers program continued to increase during fiscal year 1985. Approximately 12 percent of the more than 4,000 volunteers we have for the public lands were 55 years of age or older. BLM's use of these older volunteers was most noticeable in the Southwest—southern California, Arizona, and New Mexico. In Arizona along the lower Colorado River—an area that attracts thousands of campground visitors during its mild and sunny winter—many older persons volunteered to assist in managing the Bureau's long term visitor areas. In the BLM Yuma District alone we had 62 volunteers who are 55 years of age or older. The coordinator of the Yuma District's volunteer program is himself an older volunteer, a retired BLM career employee. During the course of their nearly 16,000 hours of volunteer service, they issued camping permits, provided information to visitors, cleaned visitor facilities, made visitor counts, and assisted with the District's public affairs program, including publication and distribution of four issues of a newspaper for visitors, the "Snowbird Messenger."

In New Mexico, BLM officials have signed an agreement with the Santa Fe Senior Citizen Volunteer Program, under which seniors will donate administrative work for the Bureau's New Mexico State Office throughout 1986.

In Washington, D.C., representatives of BLM and the American Association of Retired Persons (AARP) are working out arrangements for cooperation with AARP's new volunteer clearinghouse system. When the system is in operation, beginning in 1986, Association members and other older persons interested in doing volunteer work in natural resources management will be steered to public lands areas that have requested the assistance of older volunteers.

The Bureau has continued its use of the Senior Community Service Employment Program. Our participation in this program is in cooperation with national sponsors such as Green Thumb and the AARP. Some of our State Offices hire these persons on a regular basis as seasonal employees. We have found this program to be very beneficial and rewarding and plan to continue using it.

ATTACHMENT J

Memorandum to: Special Projects Administrator, PBA.
From: Acting Deputy Director, U.S. Fish and Wildlife Service.
Subject: Report on Developments in Aging, 1985.

Fishing, swimming, camping, clam digging, wildlife photography and bird watching are some of the activities that older Americans enjoy on many of the 500 wildlife refuges and fish hatcheries that are administered by the Fish and Wildlife Service (FWS). Over 1,090 elderly and handicapped individuals utilized the facilities at the National Fisheries Center, Leetown, WV, in fiscal year 1985. The extended walkways and platforms into the fishing ponds at the center provided the elderly with easy access and maneuverability while fishing. In addition, the Golden Age Passport for individuals over age 65 continues to be widely used by the older population. The passport enables senior citizens to receive a 50 percent discount on recreation user fees charged by the Service.

Numerous improvements were made on field stations in fiscal year 1985 to improve easy and safe access to the buildings, grounds, trails, and boardwalks that are open to the elderly:

1. Walkways and curbs were installed and access to restrooms accomplished at the Salton Sea National Wildlife Refuge (NWR). Designs were completed for interpretative exhibits and signs at Salton Sea NWR. When these are completed in 1986 the large print will make the exhibits and signs very readable for the elderly and those with impaired vision.

2. A parking lot and turn around area was installed at the Kilauea NWR and the slope of the pathway lessened. Elderly from all parts of the world who visit Kilauea NWR will now be able to reach the end of the point that was not previously accessible.

3. The Ding Darling NWR, Florida is located where a large population of retired people live and many visit the refuge. Brochures are printed in 11 and 12 point type to accommodate vision problems of the elderly. Audio exhibits are louder than

normal and the volume is turned up when movies are shown to accommodate those with hearing problems.

4. The new 5 mile scenic bus tour at Back Bay NWR provides an easy way for senior citizens to view the migratory waterfowl in the fall.

5. The Missouri Meander trail, at De Soto NWR in Region 3, was developed this summer with ⅕ mile of the trail paved.

6. Several field stations provide benches along the nature trails for the elderly to rest and enjoy the scenery. The trails are constructed with a limited grade to allow ease in walking.

7. Waubay NWR in Region 6 modified curbs and sidewalks for easy access to wheelchairs and designed the parking lot to provide close-in parking for the elderly and handicapped.

8. Ramps were constructed at Arapaho NWR to assist the elderly and the handicapped enter the headquarters building.

9. Three information interpretive kiosks were developed at Sherburne NWR in Region 3 that are accessible to the handicapped and are immediately adjacent to the parking lot.

Public use reviews of all facilities open to the public are in progress in the seven regions. During these reviews particular attention is drawn to accessibility and special accommodations for the elderly.

More than 600 people over the age of 60 participated in the FWS volunteer program during fiscal year 1985. The Service volunteer program coordinator along with representatives from the National Park Service and the Bureau of Land Management continues to work actively with the American Association of Retired Persons (AARP). The Service will explore the possibility of using a computerized skills bank that AARP is developing that profiles their membership on a nationwide basis. Senior citizens are among the Service's most outstanding and valuable volunteers. As an example a retired couple, one a former professor and the other a former counsellor, spent 7 hours a day, 5 days a week from September 9 to November 20 volunteering their time at Kofa NWR. They organized the library and reprint collection, developed a card file system, worked at numerous maintenance and improvement projects, built a leaflet rack, repaired rain gutters, mowed the lawn and did other yard work. Skills of the elderly were used in other ways such as:

1. Twenty-seven volunteers were used to conduct tours on refuges in Region 6.
2. Seney NWR in Region 3 used senior citizens at their visitor center.
3. Other elderly volunteers at refuges and hatcheries across the country worked on maintenance projects, wildlife education programs and fed animals.
4. Inks Dam National Fish Hatchery participated in the Green Thumb Program that is funded by the State of Texas. This program provides the opportunity for retired people to work 4 hours a week mowing lawns, pulling weeds and other gardening.
5. During the winter months especially, the FWS facilities located near retirement communities such as Santa Ana NWR in the Rio Grande Valley utilized a large member of volunteers.

The Youth Conservation Corps (YCC) participated in projects of removing snow, mowing yards, and clearing drainage ditches for the elderly nationwide. Youth Program Activities included improvement of restroom facilities at a senior citizen's home in Medina, NY; landscaping a senior citizen's facility, in Poplar Bluff, MO; providing garbage pick up for the elderly in Lawton, OK, as well as inviting them to participate in an open house ceremony.

The personnel management practices of the Service continue to support the employment of the elderly. Currently the Service employs one individual over the age of 80 and 10 over the age of 70. Two employees have 40 years of Service and one has over 30 years.

ATTACHMENT K

Memorandum to: Dr. Andy Adams, Special Projects Administrator; Policy, Budget and Administration.
From: Acting Director, Office for Equal Opportunity.
Subject: Report on Developments in Aging, 1985.

This office is developing a "final" regulation for effectuating the requirements of the Age Discrimination Act of 1975 in federally-assisted programs and activities of this Department. After this document has been drafted, it will be circulated to all Bureaus and Offices of this Department for comment.

During the current year, we have conducted onsite civil rights compliance reviews of eighty-five (85) large urban park and recreation systems to determine recipient compliance with the requirements of the Age Discrimination Act. We have also taken specific steps to ensure that recipients of Federal financial assistance from this Department inform actual and potential program beneficiaries of how to file complaints of alleged age discrimination, and, of their related nondiscrimination policies.

In fiscal year 1986, this office will assist in excess of seventy (70) different communities in conducting adequate self-evaluations of their park and recreation practices. Although these evaluations are to ensure nondiscrimination on the basis of handicap; as an integral part of our review, we will ascertain whether current recipient-programs and/or related program modifications have the effect of discriminating, in any way, against older citizens.

ATTACHMENT L

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: James M. Banks, Assistant to the Director, Office of Youth Programs.
Subject: Report on Developments in Aging, 1985.

This is in response to your memorandum of November 7, 1985, regarding the above subject. Our response is limited to the Fort Simcoe Job Corps Civilian Conservation Center (JCCCC), under our direct supervision, and the National Park Service's Harpers Ferry JCCCC. However, the remaining 10 Job Corps Centers are reporting through their participating bureaus (Bureau of Reclamation, U.S. Fish and Wildlife Service, and National Park Service).

The following examples are provided as indications of the extent of our Job Corps Centers support for aging concerns:

1. During the week of July 15–19, 1985, the Fort Simcoe Job Corps enrollees painted the Senior Citizen's building in Yakima, WA, and improved the outside landscaping area by pulling weeds, mowing the lawn and picking up debris. During the course of this painting project, the senior residents were the guests of the Center for lunch and a site tour.
2. In August 1985, the Job Corps enrollees completed a landscaping project of two homes for the disabled senior citizens of White Swan, Washington.
3. Special tours of the Fort Simcoe Job Corps site are offered on a continuing basis throughout the year and have involved several community senior citizens groups. The Job Corps Civilian Conservation Center program is proud of our participation and are committed to continue efforts to be responsive to the needs of the aging.
4. The Harpers Ferry Job Corps Center ivolved senior citizens groups of Harpers Ferry, WV, and Charlestown, WV, in the planning of center activities for homecoming, gospel singing choir and the 1985 Annual Job Corps Community Appreciation Month activities.

ATTACHMENT M

Memorandum to: Dr. Andy Adams, Special Projects Administrator.
From: Morris Simms, Director of Personnel.
Subject: Report on Developments on Aging.

This is in response to your memorandum of November 7, 1985, requesting information necessary to develop the 1985 Report to the Senate for the Committee on Aging.

In the Department we announce positions except firefighters and law enforcement positions as open to all applicants regardless of age. As of September 30, 1985, there were 283 employees 70 years of age or older. This represent a decrease of 15.7 percent or 53 employees from the 1984 figure of 336. Of the 283 employees, 16 were 80 years or over. One employee is 91 years old, three are 89 and two are 85. The attached list provides a breakdown of employees 80 years or over. Due to the laws governing the Freedom of Information Act and the Privacy Act, the attached list should not be used in your submission for public print to the Senate Committee.

ATTACHMENT N

Memorandum to: Staff Assistant, Policy, Budget and Administration.
From: Acting Director, National Park Service.
Subject: Report on Developments in Aging, 1985.

The National Park Service has long been and is continuing to recognize its responsibility to provide opportunities for all citizens to participate in and enjoy the programs provided throughout its system. In 1979, the Special Programs and Populations Branch was created with the responsibilities of monitoring and coordinating

Servicewide efforts to improve services to disabled and elderly persons. Since that time considerable action has taken place at the national, regional, and local park level to provide continued imput to this commitment. A number of parks have made special efforts to include senior citizens and other special populations. These efforts have included the development of special focus programs and activities such as day camps for senior citizens, the provision of senior centers, special tours and programs, as well as outreach efforts were park personnel go into convalescent hosptials and nursing homes to present programs usually provided at the park.

At the present time continued efforts are being made to increase the number of older citizens in the Service's Volunteer in the Parks program. Another major effort of the National Park Service, as it relates to senior citizens, is the operation of the Golden Age Passport program. The Golden Age Passport is a free lifetime entrance permit to those parks, monuments, and recreation areas administered by the Federal Government which charge entrance fees, and is issued to citizens or permanent residents of the United States who are 62 years of age or older. The holder of this passport also gets a 50 percent discount on Federal use fees charged for facilities and services such as camping, boat launching and parking. Since 1975, when this program was changed from a 1-year permit to a lifetime permit, the Service has issued well over 3 million passports. In 1984 we reported that over 275,000 passports were issued by all Federal recreation agencies. Data for 1985 will not be available until early 1986, but it is anticipated that there will be a slight increase in the number issued.

The National Park Service is increasingly becoming more accessible for all citizens including the elderly and other special populations. This is due to our continuing efforts to remove barriers that inhibit special population groups from experiencing and enjoying the national parks. Many senior citizens who, due to the aging process, are experiencing the loss of hearing, problems with visual acuity and mobility impairments, benefit from these program and facility modifications. Large type materials, captioned audiovisual programs, audio messages for the blind, and adaptations for wheelchair users are all modifications from which the senior citizen can benefit.

Currently the Service is engaged in continuing efforts to analyze, publish and disseminate the results of the 1982-83 Nationwide Recreation Survey. This project consisted of a household interview survey of the outdoor recreation pursuits, preferences, constraints and concerns of the American people. In an interagency cooperative project, the Administration on Aging, Department of Health and Human Services, sponsored a series of questions which addressed outdoor recreation issues affecting the elderly. The National Park Service is currently a cooperator in the Public Area Recreation Visitor Survey (PARVS), a joint Federal/State effort which will also address aging issues.

In accordance with the Land and Water Conservation Fund Act, the National Park Service continues to provide financial and technical assistance to the states for the development and implementation of their Statewide Comprehensive Recreation Plans. One of the primary functions of these plans is to ensure that the outdoor recreation needs of special populations, including the elderly, are adequately addressed by recreation providers.

Two grant programs, the Land and Water Conservation Fund (LWCF) and the Urban Park and Recreation Recovery Program (UPARR), require participating states and communities to examine the recreation needs of senior citizens as part of their overall recreation planning and program development. Many facilities built or rehabilitated provide access for senior citizens. The Urban Park and Recreation Recovery Program has given special priority, through the program's innovation grants, to projects providing programs and services to special populations including senior citizens.

The National Park Service continues to monitor and identify the number of employees age 60 and over. In 1985 this survey reveals a total of 887 such employees. The survey indicates that employees who are 60 and over are staying in the work force longer than in the past years. Baseline data reveals that this age group is functioning in General Service (GS) positions ranging from grade 4 to 15, and wage grades (WG) ranging from 1 to 11.

The National Park Service is proud of its accomplishments and will continue to monitor and improve services to this age group.

ATTACHMENT O

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From Acting Director, Office of Surface Mining.
Subject: Report on Developments in Aging, 1985

This memorandum transmits the fiscal year 1985 Report on Developments in Aging from the Office of Surface Mining.

OFFICE OF SURFACE MINING

Although the Office of Surface Mining (OSM) has no specific programs exclusively oriented toward older citizens, many of our activities continue to provide direct benefits to older citizens. Examples include the following:

> The Abandoned Mine Lands Program has the responsibility of stabilizing homes and their foundations which have been damaged as a result of underground mining. Many such homes are occupied by the aged who would otherwise be unable to cope with these problems either financially or physically. This program also fills abandoned mines to prevent damage to many homes and to reduce the incidence of physical injury to all residents of mining communities including the elderly. OSM reclamation projects also facilitate the development of parks and lakes on previously mined sites and thereby enhancing the lives of many aged individuals.
>
> Another service provided to the elderly, along with other citizens, is the program to determine carbon monoxide levels in the homes of citizens in the areas of underground mine fires. This program seeks to assure that such gases do not reach the danger level and threaten the lives of our citizens.
>
> Managers give impartial consideration to applications for employment from older citizens. Aged applicants are provided equal access to employment opportunities, and we have included the elderly among the targeted groups in our Federal Equal Opportunity Recruitment Program. During fiscal year 1985, 115 (13 percent) of our approximately 835 permanent employees were age 55 and over, of which 42 were between the ages of 60 and 70 and two were over age 70. This is an increase over the numbers of employees in these age groups employed by OSM last year.

We will continue our efforts to assure fair and equitable treatment to our Nation's senior citizens.

ITEM 9. DEPARTMENT OF JUSTICE

DECEMBER 19, 1985.

DEAR MR. CHAIRMAN: This is in response to your letter to the Attorney General requesting that the Department of Justice submit an annual report regarding activities on behalf of older Americans.

I am pleased to send to you and the Special Committee on Aging the Justice Assistance Act Agencies' submission for the 1985 edition of Developments in Aging. As the report reflects, the Justice Assistance Act Agencies have continued their commitment to protecting our Nation's elderly citizens. Through the initiatives described in the enclosed report, the JAA Agencies are working to collect information about elderly crime victims, improve criminal justice and other services for them, and help make their communities less frightening and safer places to live.

President Reagan and his Administration are deeply concerned about the elderly crime victims who have been far too often pushed aside and ignored by society. The President's Task Force on Victims of Crime, which I had the honor to chair, during its hearings throughout the country, found the fear of crime to be paralyzing for ederly citizens and the results of actual victimization, all too often, to be both emotionally and financially devastating.

In addition, the Justice Assistance Act Agencies are working to combat a crime against the elderly that until recently has been largely overlooked—the problem of elder abuse. The Attorney General's Task Force on Family violence made a number of recommendations which addressed this terrible problem, and the JAA Agencies have the responsibility within the Department of Justice to implement, to the fullest extent possible, the recommendations of both the Family Violence and Victims Task Forces.

I am also glad to report that the Agencies' Office for Victims of Crime is administering the new victim compensation and assistance programs authorized by the Victims of Crime Act of 1984. The enclosed report discusses the important progress of the Office in implementing the provisions of the Act, and I am happy to be able to tell you that the first grant awards to States already have been made.

I appreciate having the opportunity to share with you and the Committee the significant accomplishments of the Justice Assistance Act Agencies in finding ways to help our elderly citizens—those to whom this great Nation owes so much. Please let me know if I can be of further assistance to the Committee.

Sincerely,

LOIS HAIGHT HERRINGTON,
Assistant Attorney General.

Enclosure.

JUSTICE ASSISTANCE ACT AGENCIES

On October 12, 1984, President Reagan signed Public Law 98-473 which included the Justice Assistance Act of 1984, the Juvenile Justice, Runaway Youth, and Missing Children's Act Amendments of 1984, and the Victims of Crime Act of 1984. The Justice Assistance Act established an Office of Justice Programs headed by an Assistant Attorney General. The Office of Justice Programs (OJP) has the responsibility of coordinating the activities of the newly created Bureau of Justice Assistance and the Victim Compensation and Assistance Programs, as well as the three agencies reauthorized by the Justice Assistance Act: the National Institute of Justice; the Bureau of Justice Statistics; and the Office of Juvenile Justice and Delinquency Prevention.

The JAA authorizes programs to help State and local government improve the administration of their criminal and juvenile justice system, conduct research in criminal and juvenile justice, and compile and disseminate criminal and juvenile justice statistics. In addition, the Victims of Crime Act of 1984 authorizes the Attorney General to provide assistance and compensation to victims of crime, and this authority has been delegated to the Assistant Attorney General for Justice Programs, who has established an Office for Victims of Crime within the Office of Justice Programs.

The following are the activities of the agencies on behalf of older Americans:

OFFICE FOR VICTIMS OF CRIME

The OJP Office for Victims of Crime continues to implement the recommendations of the President's Task Force on Victims of Crime and the Attorney General's Task Force on Family Violence.

During the hearings held in 1982, the President's Task Force on Victims of Crime learned of the special needs of elderly victims. Property losses, such as the theft of a television or a hearing aid, may result in loss of contact with the outside world. Fear of further victimization may result in fewer trips outside the home, increasing an older person's isolation. Elderly persons with sensory impairments may be inappropriately labeled as senile and discounted as witnesses. Minor injuries can produce serious consequences for older persons, and the pace and procedures of hospital emergency rooms may overwhelm them. In many instances, elderly persons live on fixed incomes, which makes financial losses and bills incurred as a result of victimization a greater hardship.

To lessen the trauma and improve the treatment of elderly victims, the Office for Victims of Crime has undertaken the following tasks:

Training.—The office is working closely with a number of national criminal justice professional organizations to develop and deliver training to police officers, sheriffs, judges, and prosecutors on victim issues and needs. Several courses have been established that concentrate on the sensitivity of the particular needs of the elderly crime victim. These include the following: Crisis Theory and the Elder Victim; Elderly Victim Services and the Law and Its Application; Prosecutorial Procedure/Courtroom Testimony and Elderly Victim Assistance; and Psychology of the Elderly Offender.

Legislation.—The Victims of Crime Act of 1984 authorized Federal financial assistance to State victim compensation programs, State and local victim assistance providers, and for increased services for victims of Federal crimes. The Act establishes a Crime Victims Fund in the U.S. Treasury to support the program. Grants from the Fund are awarded to State crime victim compensation programs and to the States for award to local crime victim assistance programs. Moneys in the Fund—up to $100 million per year—come from criminal fines and penalties collected from Federal defendants and through the forfeiture of convicted criminals' literary profits that arise from the sale of the story of their crimes. The program will help elderly crime victims, in particular, recover from the financial hardships resulting from their victimization.

To be eligible for victim assistance funds, the States must agree to give priority to programs providing assistance to victims of family violence or sexual assault. Services covered under the program include crisis intervention, emergency transportation to court, short-term child care, temporary housing and security measures, assistance in participating in criminal proceedings, and payment for forensic rape exams.

More than $15 million has been awarded to 20 States and the Virgin Islands to support their victim compensation programs and the remaining compensation and assistance grants are to be awarded before early 1986.

National Victims Resource Center.—The office maintains a data base that serves as a Federal clearinghouse for all information concerning victim/witness assistance, victim compensation programs, and organizations that provide services for crime victims and witnesses.

The NVRC serves as a liaison and provides coordination among national, State, local, and private-sector organizations working to improve services for victims and witnesses. It collects information on the status of compensation programs and victim/witness legislation. A directory of programs and experts in the field is maintained by the NVRC to facilitate communication and the transfer of expertise and to refer victims to appropriate services and resources. Additions have been made to the NVRC library collection that include several books addressing victimization of the elderly.

Family Violence Section.—This Section was established to develop and administer the OJP program to facilitate implementation in the states of the 63 recommendations of the Attorney General's Task Force on Family Violence. In this regard, the office is working with other Federal, State, and local agencies, professional organizations, and civic groups. The Task Force's fundamental conclusion was that violence within the family, including the abuse of elderly relatives, must be regarded as criminal behavior and must no longer be ignored by the criminal justice system. One recommendation is that, in the event of family dissolution or dysfunction, grandparents should be considered as possible guardians for the children.

A number of recommendations address violence directed toward elderly family members, including a recommendation urging further research to determine the most effective reporting methods and intervention techniques in cases of elder abuse. The recommendation was made because the Task Force found it to be very difficult to obtain data regarding this problem. During its six hearings held across the country, the Task Force found it to be more difficult to obtain testimony from elderly victims than from any other kind of family violence victims. They found elderly victims to be very fearful, particularly if they depend on the family for income. The office's proposed future agenda includes establishing a program and research efforts to explore the problem of elder abuse and the most effective intervention and treatment techniques.

ASSISTANCE FOR STATE AND LOCAL PROGRAMS

The Bureau of Justice Assistance administers a program that awards block grants to the states for projects that offer a high probability of improving the functioning of the criminal justice system. The Bureau is authorized to make grants to States for activities in 18 areas enumerated in the Justice Assistance Act of 1984, including programs addressing the problem of crime against the elderly. Several States have reported to the Bureau that they intend to use funds from their block grant award for programs for this purpose.

Through the Bureau's discretionary fund program, technical assistance and training is provided to assist State and local criminal justice agencies become more aware of the issue of crime against the elderly and of methods of dealing with the problem.

CRIME AND THE ELDERLY

Data gathered by the Bureau of Justice Statistics' National Crime Survey show that the rates of crimes against the elderly are less than other age groups in the United States. However, BJS reports that the trauma and economic impact of crime may weigh far more heavily on the elderly, leading them to take precautionary measures that may impoverish their lives. By altering their lifestyles to minimize a special vulnerability to crime, the elderly are forced to accept unwarranted limits on their freedom because of the fear of violence.

The latest BJS data found that the ratio of robberies to assaults was 92 to 100 among the elderly compared to about 24 to 100 among younger persons. This shows that the elderly suffer about as many robberies as assaults. In spite of the comparatively low victimization rates among the elderly, this may suggest that the elderly are particularly susceptible to personal crime that is motivated by the opportunity for economic gain.

Other data collected by the Bureau show that the ratio of certain more serious crimes to less harmful crimes has been higher among the elderly than among younger persons. The reason for this may be the differences between the two groups in occupation, lifestyle, exposure to threatening situations, and patterns of property ownership.

Another finding in one of the Bureau's studies is that 80 percent of all personal crimes against the elderly were common thefts—88 percent of these thefts were personal larcenies without contact between victim and offender. The other 12 percent were divided between purse snatchings and pocket pickings.

PROMOTING CRIME PREVENTION COMPETENCE

Research has shown that efforts to enhance the crime prevention competence of the elderly can reduce both the incidence and fear of victimization among the elderly by increasing their level of knowledge and the effectiveness of their crime prevention behavior. The National Institute of Justice is sponsoring a one-year research project at Colorado State University to investigate "Promoting Crime Prevention Competence Among the Elderly to Reduce Their Victimization and Fear." The overall research goal is to identify those media and non-media strategies that will most effectively increase the crime prevention competence of the elderly.

From existing national surveys of the general population (including 400 elderly respondents) and from a national survey of the elderly that is being conducted during the grant period, the project is analyzing findings on determinants of crime prevention competence to determine what messages should be promoted and is examining findings on elderly responsiveness to media and non-media promotional strategies to determine how these messages should be promoted. Based on these findings, the project will recommend strategies to more effectively reach, inform, and involve the elderly in crime prevention. Recommendations based on the research are anticipated in the fall of 1986.

REDUCING THE FEAR OF CRIME

An experiment by the National Institute of Justice designed to reduce the fear of crime in inner-city neighborhoods and possibly affect the crime rate itself is being evaluated. From the evaluation, it appears that the reporting of crimes did not increase anxiety and that the citizens, including the elderly, were receptive to information about crime prevention.

REDUCING THE TRAUMA OF VICTIMIZATION

Crime victims suffer from injuries that may include economic loss, physical harm, and psychological trauma. What may be an appropriate response for the injuries of younger victims may not be as effective for the elderly. Research by the National Institute of Justice is examining the long-term effects of victimization and the various approaches for reducing these effects. The results of these studies will enable practitioners to respond better to the needs of elderly victims and their families.

FOSTER GRANDPARENTS AND RETIRED SENIOR CITIZENS

The Office of Juvenile Justice and Delinquency Prevention is jointly supporting with ACTION a unique juvenile delinquency prevention project involving retired senior citizens and volunteers in the Foster Grandparents Program. Under the project, volunteer senior citizens and members of the Foster Grandparents Program are assigned two delinquent youths whom they see 2 hours a day, 5 days a week. The senior citizens offer counseling and quidance, help with school work, accompany the youths on field trips, and generally provide moral support. The program not only helps the delinquent youths, but also the senior citizen volunteer—many of whom feel they have nothing to do after retirement and sense a loss of direction in their lives.

CRIME PREVENTION

The Bureau of Justice Assistance supports the National Citizens' Crime Prevention Campaign, which seeks to promote citizen participation in crime prevention activities and provides information—through public servcie advertising and published materials—on how citizens can protect themselves from crime. The Campaign features the floppy-eared dog named McGruff who urges the public to help "Take A Bite Out of Crime" by participating in neighborhood block watches, citizen patrols, escort servcies for the elderly, and other activities and by taking simple precautions. For example, these suggestions are offered to senior citizens:

—Have social security of retirement checks sent directly to your checking or savings account.

—Senior citizens and youth should look out for one anothers, and senior citizens can help working parents by watching out for their children after school. Some communities have senior citizens who have formed neighborhood patrols and watch out for the children as they travel to and from school. This interrelationship has restored trust and friendship among the elderly and the youth in many communities.

—Ask a friend to go with you when you go out. Some communities have "Dial-A-Ride" mini-buses especially for senior citizens who would otherwise have to travel alone.

—Never trust strangers of casual acquaintances who tell you how you can "get rich quick" or who ask you to give them large sums of money, even for what seem to be good reasons. Don't be traken in by their warmth or friendliness; you may never see your money again.

The Campaign publishes a number of informational booklets, including "Senior Citizens Against Crime." The booklets and additional information about the Campaign can be obtained by writing: McGruff, Box 6000, Rockville, MD 20850.

Publications

The Justice Assistance Act Agencies have produced a number of publications relating to crimes against the elderly and programs to combat these crimes. Some of these are: "Crime Against the Elderly in 26 Cities"; "Crime and the Elderly"; "Crime Prevention Handbook for Senior Citizens"; "Crime Prevention Through Environmental Design"; "Crime Victim Compensation"; "Criminal Justice and the Elderly; Selected Bibliography"; "Partnerships in Neighborhood Crime Prevention"; and "Serving Victims of Crime." Copies of these publications are available from the National Criminal Justice Reference Service, Box 6000, Rockville, MD 20850.

ITEM 10. DEPARTMENT OF LABOR

December 16, 1985.

Dear Mr. Chairman: Enclosed is a summary of the programs and activities of the Department of Labor for fiscal year 1985 related to aging.

Described in the report are programs administered by the Employment and Training Administration and the Office of Pension and Welfare Benefit Programs.

I trust this information will be of assistance to you in preparing your report, "Developments in Aging."

Very truly yours,

William E. Brock.

Enclosure.

Employment and Training Administration

INTRODUCTION

The Department of Labor (DOL's) Employment and Training Administration (ETA) provided a variety of training, employment and related services for the Nation's older individuals during program year 1984 through the following programs and activities: the Senior Community Service Employment Program (SCSEP); programs authorized under the Job Training Partnership Act (JTPA); the Federal-State Employment Service System; and research and demonstration efforts.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

The Senior Community Service Employment Program (SCSEP) authorized by Title V of the Older Americans Act, employs low-income persons age 55 or older in a wide variety of part-time community service activities such as health care, nutrition, home repair and weatherization program, and in beautification, fire prevention, conservation, and restoration efforts. Program participants work an average of 20 hours per week in schools, hospitals, parks, community centers, and in other Government, and private nonprofit facilities. Participants also receive personal and job related counseling, annual physical examinations, job training, and in many cases referral to regular jobs in the competitive labor market.

Nearly 80 percent of the participants are age 60 or older, and nearly half are age 65 or older. Over 60 percent are female, over half have not completed high school, and over 80 percent have a family income below the poverty line.

The fiscal year 1985 appropriation for SCSEP provided a total of 62,000 job opportunities at a cost of $317 million. Table I shows SCSEP funding enrollment, and participant characteristics for the program year July 1, 1984, to June 30, 1985.

TABLE 1.—*Senior Community Service Employment Program (SCSEP): funding, enrollment, and participant characteristics—program year July 1, 1984, to June 30, 1985*

Funding	$317,000,000
Enrollment:	
Authorized positions established	62,000
Unsubsidized placements	13,152
Characteristics (percent):	
Sex:	
Male	33
Female	67
Educational status	
8th grade and less	31
9th through 11 grade	21
High school graduate or equivalent	32
1-3 years of college	12
4 years of college or more	5
Veteran	17
Ethnic group:	
White	65
Black	23
Hispanic	8
American Indian/Alaskan Native	2
Asian/Pacific Island	3
Economically disadvantaged	100
Proverty level or less	84
Age:	
55-59	23
60-64	29
65-69	23
70-74	16
75 and over	10

Source: U.S. Department of Labor, Employment and Training Administration.

Pursuant to the reauthorization of the Older Americans Act (P.L. 98-459), in 1984, the Department initiated the process of revising the extant regulations for the SCSEP and proposes to publish final implementing regulations at the end of 1985.

JOB TRAINING PARTNERSHIP ACT (JTPA) PROGRAMS

The Job Training Partnership Act (JTPA) became fully operational on October 1, 1983. JTPA, which replaced the Comprehensive Employment and Training Act (CETA), provides job training and related assistance to economically disadvantaged individuals, dislocated workers, and others who face significiant employment barriers. The ultimate goal of JTPA is to move trainees into permanent, self-sustaining employment. Under JTPA, Governors have approval authority over locally developed plans and are responsible for monitoring local program compliance with JPTA. In addition, JTPA created a new public/private partnership to plan and design training programs as well as to deliver training and other services. Private industry councils, in partnership with local government in each service delivery area, are responsible for providing guidance for and oversight of job training activities in the area. Employment and training programs under JTPA call for a central and meaningful role for the private sector; real training for real jobs; management at the State and local levels; and increased attention on program performance.

JTPA places emphasis on increasing the post program employment and earnings of economically disadvantaged and displaced workers. Seventy percent of the funds available to service delivery areas are required to be spent on training. Not more than 15 percent can be spent for the cost of administration, and not more than 30 percent may be spent for the costs of administration and supportive services.

Basic JTPA Grants

Title II-A of JTPA authorizes a wide range of training activities to prepare economically disadvantaged youth and adults for unsubsidized employment. Training services available to eligible older workers through the basic Title II-A grant program may include activities such as on-the-job training, institutional and classroom training, remedial education and basic skill training, and job search assistance and counseling. Table 2 shows the number of persons 55 years of age and over who participated in the Title II-A program during the period July 1, 1984, through June 30, 1985.

TABLE 2.—JTPA ENROLLMENT JULY 1, 1984–JUNE 30, 1985 (TITLE II–A GRANTS)

Item	Number served	Present
Total participants	941,612	100
55 years and over	12,221	2.0

Source: U.S. Department of Labor, Employment and Training Administration.

Programs for Dislocated Workers

Title III authorizes a State-administered dislocated worker program which provides training and related employment assistance to workers who have been, or have received notice that they are about to be, laid off due to a permanent closing of a plant or facility; laid-off workers who are unlikely to be able to return to their previous industry or occupation; and the long-term unemployed with little prospect for local employment or reemployment. Those older workers eligible for the program may receive such services as job search assistance, retaining, pre-layoff assistance and relocation. During the period July 1, 1984, through June 30, 1985, approximately 8,300 individual 55 years of age and over went through the program (7 percent of the program terminations).

Section 124 Set-Aside

Section 124 of JTPA calls for 3 percent of the Title II-A allotment of each State to be made available for the training and placement of older individuals in employment opportunities with private business concerns. This provision specifies that only economically disdvantaged individuals who are 55 years of age or older are eligible for services funded from this set-aside.

JPTA offers wide discretion to the Governors in using the set-aside. Two major patterns have evolved. One is its use for organizationally distinct older worker projects in a manner similar to the categorical separation of SCSEP programs from the rest of the JTPA system. The other is the use of the set-aside as resources for Title II-A programs to ensure a minimum portion of older workers among Title II-A participants, without the creation of separate programs for older workers. In some States, all or part of the set-aside is formula-funded to service delivery areas. In other States, it is used for administration at the State level for model programs or for both purposes.

THE FEDERAL-STATE EMPLOYMENT SERVICE SYSTEM

The national system of public employment offices offers employment assistance to all jobseekers, including middle-aged and older jobseekers. Services may include job placement, employment counseling, occupational testing, job development, job search assistance, labor market information and referral to training and employment programs administered by State and local governments.

As of March 31, 1985 (latest available data), State Employment Service agencies placed about 358,835 individuals 40 years of age and over in jobs (33 percent of all older workers referred to job openings by the Employment Service). In addition, in 228,291 instances, job counseling and testing services were provided to persons 40 years or older, approximately 21 percent of the older workers referred to job openings. About 13 percent of all older applicants were referred to other agencies for services to enhance their employability. Table 3 shows details of employment service activities to assist older workers through the third quarter of program year 1984.

TABLE 3.—EMPLOYMENT SERVICE ACTIVITIES TO ASSIST OLDER WORKERS—FISCAL YEAR 1985 (THROUGH MAR. 31, 1985)

Services provided by State employment service agencies	Individuals served		
	Total	Age 40 and over	Age 55 and over
New applicants and renewals	11,525,550	2,308,287	599,357
Individuals referred to job openings	5,470,054	885,688	206,504
Individuals placed in a job	2,709,639	358,835	86,403
Individuals counseled	465,899	112,703	29,135
Individuals placed after counseling	92,572	18,250	4,353
Individuals tested [1]	459,634	74,852	11,601
Individuals referred to supportive services	1,031,956	291,030	85,797

[1] Aptitude, proficiency and other testing.

Source: U.S. Department of Labor, Employment and Training Administration.

RESEARCH

In fiscal year 1985, a 1-year evaluation of the SCSEP was started. Reports were issued on three studies based on the Older Men's Cohort of the National Longitudinal Surveys of labor market experiences. One study compared occupational mobility of older and younger males by race.[1] A second study analyzed the retirement decisions of husbands and wives, taking into account age, health, financial resources and other factors.[2] The third study estimated the impact of health factors on retirement ages of the older men's cohort.[3]

OFFICE OF PENSION AND WELFARE BENEFIT PROGRAMS (OPWBP)

INTRODUCTION

The Office of Pension and Welfare Benefit Programs (OPWBP) is responsible for enforcing the Employee Retirement Income Security Act (ERISA). OPWBP's primary responsibilities are for the reporting and disclosure and fiduciary provisions of the law.

Employee benefit plans generally maintained by employers or by employers and unions, must meet certain standards set forth in ERISA. These standards are designed to insure that an employee actually will receive the benefit promised under the plan. ERISA applies only to private sector plans.

The requirements of ERISA differ according to whether the benefit plan is a pension plan or a welfare plan. Both pension plans and welfare plans must comply with certain provisions of ERISA governing reporting and disclosure to the Government and to participants (Title I, Part I) and fiduciary responsibility (Title I, Part 4). Pension plans must comply with additional ERISA standards (contained in both Title I, Parts 2 and 3, and Title II) including who must be allowed to be a member of a plan (participation), when a participant's right to a benefit becomes nonforfeitable (vesting), and how the employer is to finance benefits offered under the plan (funding).

The Departments of Labor and the Treasury have responsibility for administering the provisions of Title I and Title II, respectively, of ERISA. The Pension Benefit

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[1] The Extent and Determinants of Racial Differentials and Male Occupational Mobility over the Business Cycle: 1966–75. Williams College, January 1984.

[2] Retirement Decisions of Husbands and Wives. Center for Human Resources Research, Ohio State University, August 1984.

[3] Health-Pension Interactions in the Analysis of Early Retirement Trends. Center for Human Resources. Ohio State University, September 1984.

Guaranty Corporation (PBGC) is responsible for administering Title IV which establishes an insurance program for certain benefits provided by specified ERISA pension plans.

REPORTING AND DISCLOSURE STANDARDS

ERISA requires that plans disclose to participants and report to the Federal Government information about plan provisions and financial status. Certain plans must submit an annual report. The report is a financial statement; defined benefit plans must also submit a certified actuarial report. The report generally includes a statement of plan assets and liabilities, a statement of the transactions involving conflict of interest situations, and other information regarding the administration of the plan. Annual report forms are simplified for small plans, and a number of paperwork reductions have been instituted since ERISA's passage in 1974.

The annual report is submitted to the Internal Revenue Service (IRS) and shared by the ERISA agencies. In fiscal year 1985, DOL received over 834,000 annual reports. This information is used for enforcement and research. The plan administrator also submits the annual report to plan participants and furnishes participants, beneficiaries and DOL with a summary plan description (SPD) written to be understood by the average person. The SPD contains a description of benefits, the requirements for eligibility and procedures for presenting claims for benefits. In addition, participants may request, or, in some cases must receive, a statement of their individual benefits.

MINIMUM STANDARDS FOR PARTICIPATION AND VESTING

IRS, for the most part, enforces the ERISA minimum standards. ERISA sets forth certain standards regarding the age and the service requirements which an employee can be required to have completed before being allowed to participate in the employer's pension plan. The basic rule is that an employee cannot be denied membership in the plan, merely on account of age or service, if he or she is at least 21 years old and has worked for the employer for 1 year.

Certain other ERISA provisions govern when a plan participant must gain a nonforfeitable right to that portion of the retirement benefit provided by the employer's contributions to the plan. (The participant's own contributions are always nonforfeitable.) In this regard, the plan must provide that an employee gains a nonforfeitable right to this portion of his or her retirement benefit according to a schedule which is not less generous than one of the four set forth in ERISA. ERISA also contains rules on the rate at which participants must be allowed to "accrue" a benefit, i.e., the rate at which they are considered to have "earned" a portion of their ultimate retirement benefit. These standards basically are relevant to pension plans which provide participants a certain periodic payment upon retirement.

MINIMUM FUNDING STANDARD

ERISA sets forth rules for financing the pension benefits of plans which promise participants a defined periodic payment upon retirement. In plans of this type, the employer's contributions are determined actuarially. Certain assumptions are used concerning mortality, interest, and turnover to calculate how much is needed in order to insure sufficient funds to provide for the benefits promised by the plan. ERISA provides rules governing what types of actuarial assumptions and funding methods are appropriate and establishes penalties for failure to comply with these standards. These funding rules are enforced by IRS.

FIDUCIARY STANDARDS

ERISA sets certain standards regarding the investment and utilization of plan assets with which fiduciaries of employee benefit plans must comply. These standards include that plan assets be invested "solely in the interest" of plan participants and beneficiaries and that plans be maintained for the exclusive benefit of the participants and their beneficiaries. ERISA provides that fiduciaries adhere to standards regarding the safeguarding and diversification of plan assets that would be followed by a "prudent" investor. ERISA also sets forth certain rules governing activities that (unless specifcally exempted) may not be carried out by certain individuals and groups (including ficuciaries) who, because of having a potential conflict of interest with the plan, might cause the plan to operate in the interests of themselves rather than in the interests of the plan participants and beneficiaries. These activities are known as "prohibitied transactions," and persons who violate them are subject to a tax imposed by IRS.

Civil actions may be brought by the Secretary of Labor or plan participants and beneficiaries for a breach of fiduciary duty. DOL places great emphasis on enforcing these fiduciary provisions. In fiscal year 1985, it recovered over $51 million for employee benefit plans through a combination of litigation and voluntary compliance. Under voluntary compliance, breaches of fiduciary duty are corrected through voluntary settlement agreements with plan officials. More than $38 million was recovered through voluntary compliance and nearly $13 million through litigation. Potential criminal violations are investigated by both OPWBP and the Inspector General's Office of Labor Racketeering and ultimately may be referrred to the Attorney General of the United States for prosecution.

PLAN TERMINATION INSURANCE

Title IV of ERISA establishes a benefit insurance program administered by PBGC, an independent nonprofit entity with a board of directors consisting of the Secretaries of Labor, Commerce, and the Treasury. This insurance program is applicable only to pension plans which promise a defined benefit upon a participant's retirement. Employers who maintain these plans are required to pay a per-participation premium to PBGC to finance this coverage.

The guarantee program differs according to whether the plan is a single-employer plan or one maintained by more than one employer. In the case of a single-employer plan, PBGC will guarantee, to a prescribed level, the payment of a participant's nonforfeitable benefit if the plan terminates with insufficient assets to meet its obligations to pay these benefits. In the case of a multiemployer plan, PBGC guarantees benefits at a prescribed level lower than in the single-employer situation. In this case, however, it is the inability of the plan to pay participants that guaranteed amounts rather than termination that triggers financial assistance.

RESEARCH AND DEVELOPMENT

OPWBP conducts a coordinated program of research through contracts and inhouse studies. The research program develops data on employee benefit plans which can be used as the basis for program modifications or policy decisions. It also analyzes economic issues related to retirement decisions and income. The following studies were completed in fiscal year 1985.

(1) Data entry and validation of a sample of the 1981 and 1982 welfare and pension plan annual report data,

(2) An updated study of pension termination with asset reversions; and

(3) An analysis of the survey of private pension benefit amounts.

In addition, two internal studies are in process:

(1) An information study of employer-sponsored health benefits for retirees; and

(2) An analysis of the combined retirement benefits provided by a private pension and Social Security.

Finally, the following research contracts were awarded in fiscal year 1985:

(1) Data entry and validation of 1983 pension and welfare plan annual report data,

(2) Analysis of actuarial practices of private pension plans,

(3) A study of the effect of asset reversions on pension participants' benefits and BPGC's liabilities; and

(4) A study of the cost to a sample of firms for funding employer-sponsored retirement health benefits.

INQUIRIES

OPWBP publishes literature and audio-visual materials which in some depth explain provisions of ERISA, procedures for plans to effect compliance with the act, and rights and protections afforded participants and beneficiaries under the law. In addition, OPWBP deals with many inquiries from older workers. During fiscal year 1985, the national office staff responded to over 35,000 inquiries from plan participants, beneficiaries and other persons interested in the administration of plans. Among the publications disseminated, the following are designed exclusively to assist the public in understanding the law and how their pension plans operate:

—What You Should Know About The Pension and Welfare Law (English and Spanish versions).
—Know Your Pension Plan.
—How To File A Claim For Benefits.
—Often Asked Questions About ERISA.
—Women and Pension Equity.
—New Rights Under the Pension Law.

ITEM 11. DEPARTMENT OF STATE

December 30, 1985.

Dear Mr. Chairman: I am responding to your letter of October 31, seeking the Department of State's contribution to the annual Developments in Aging report issued by the Special Committee on Aging. Enclosed is the Department's report for 1985.

Thank you for providing the opportunity for the Department of State to be a part of the Developments in Aging report.

With best wishes,

Sincerely,

William L. Ball III,
Assistant Secretary,
Legislative and Intergovernmental Affairs.

Enclosure.

The Department of State is active in three program or service capacities that directly affect older Americans. Each is described below.

Assistance to Older Americans.—Embassies and Consulates of the United States assist thousands of Social Security beneficiaries residing overseas, by (1) aiding the Social Security Administration in distributing benefit checks, and (2) providing a point of contact between Americans retired overseas and the Social Security Administration and other U.S. Government service agencies.

Advice for Senior Citizen Travelers.—As a public service, the Department publishes a pamphlet called Travel Tips for Senoir Citzens, which offers advice to older people contemplating foreign travel. The pamphlet contains recommendations specifically directed to them.

Employment.—The Department of State conscientiously seeks to be a nondiscriminatory employer, and to eliminate barriers to the hiring or advancement of older Americans.

Retirement Counseling.—The Department of State assists its employees in the transition from full-time government employment to retirement, through the provision of retirement planning seminars. All employees within 5 years of eligibility for retirement may attend periodic retirement seminars. The Department sponsored five such seminars in fiscal year 1985, attended in all by over 400 employees. Staff of the Bureau of Personnel also provide confidential advice and counsel to employees considering retirement.

In addition, employees who are within 1 year of qualifying for retirement and want to seek a second career are eligible to receive intensive counseling and training ranging from personal assessment to job search techniques such as résumé preparation, interviewing techniques, networking, and other aspects of the job search process. They also are eligible for outplacement assistance including regisrtation in a job talent bank maintained by the Department.

ITEM 12. DEPARTMENT OF TRANSPORTATION

December 19, 1985.

Dear Senator Heinz: I am pleased to forward to you the enclosed report which summarizes significant actions taken by this Department during 1985 to improve transportation facilities and servcies for older Americans. The report is being forwarded to you in response to your recent letter to Secretary Dole, requesting information for Part 2 of the Committee's annual report, Developments in Aging. I hope you will find this information helpful.

If we can assist you further, please let us know.

Sincerely,

Matthew V. Scocozza,
Assistant Secretary for
Policy and Intenational Affairs.

Enclosure.

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during 1985 to improve transportation for elderly persons.[1]

POLICIES

Federal Railroad Administration

Amtrak continued throughout fiscal year 1985 its system-wide policy of offering to handicapped and elderly persons a 25-percent fare discount on round trip purchases, subject to some restrictions. Senior citizen and handicapped passengers are permitted stopovers as part of their round trips, but are not permitted to combine their 25-percent discount with any other discounts.

Amtrak also provides on-demand special services, such as special food service, facilities for handling reservations for the hearing impaired, special equipment handling, and provision of wheelchairs and assistance in boarding and deboarding of elderly and handicapped passengers, who either inform the ticket agent of their needs at the time they book their reservations or call the railroad station in advance of their travel.

Urban Mass Transportation Administration

During fiscal year 1985, the Urban Mass Transportation Administration has been the lead agency in establishing an interdepartmental working group between the Department of Transportation and the Department of Health and Human Services. The liaison between these two Departments is for the purpose of setting policies that will improve the coordination and effective use of transportation resources of both Departments. As part of that effort, the interaction between the two Departments will work towards improving coordinated specialized transportation systems to increase the mobility of elderly Americans.

ARCHITECTURAL BARRIER REMOVAL ACTIVITIES

Federal Highway Administration

The Federal Highway Administration (FHWA) is continuing to monitor the States' compliance with the Federal law requiring curb cuts at newly constructed pedestrian crosswalks and accessibility features on certain federally funded pedestrian and rest area facilities (Title 23, United States Code, Section 402(b)(1)(F) and Public Law 90–480).

Federal Railroad Administration

Amtrak is continuing to make modifications to its passenger railroad stations, vehicles, and services in line with Amtrak's transition plan submitted in accordance with the Department's regulation implementing section 504 of the Rehabilitation Act of 1973. All new Amtrak stations and rolling stock have been designed to be accessible to persons with disabilities.

CAPITAL ASSISTANCE

Urban Mass Transportation Administration

Under Section 16(b)(2) of the Urban Mass Transportation Act, the Urban Mass Transportation Administration provides assistance to private nonprofit organizations for the provision of transportation services for the elderly and persons with disabilities. In fiscal year 1985, over $32 million were obligated under the Section 16(b)(2) program. These funds were used to assist in the purchase of vehicles for the provision of transportation services for elderly persons and persons with disabilities.

Under Section 18 of the Urban Mass Transportation Act, the Urban Mass Transportation Administration obligated $108 million to States in fiscal year 1985. These funds were to be used for planning, capital, operating and administrative expenditures by state and local agencies, nonprofit organizations and operators of public transportation services in rural and urbanized areas under 200,000 population. While Section 18 services must be open to the general public, a significant percentage of passengers served are elderly persons and persons with disabilities.

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[1] Many of the activities highlighted in this report are directed toward the needs of handicapped persons. However, one-third of the elderly are handicapped and thus will be major beneficiaries of these activities.

RESEARCH AND TECHNICAL ASSISTANCE

Federal Highway Administration

The FHWA's Office of Safety and Traffic Operations Research and Development will be working with the American Association of Retired Persons to develop a slide-tape presentation on pedestrian safety for elderly persons. The presentation will discuss these safety problems and conclude with practical information for the elderly. Throughout the presentation, the emphasis will be on informing the elderly of their special safety problems and on presenting positive actions they can take to enhance the safety and mobility of elderly pedestrians.

In addition, the Office is planning "Operation Pedsaver" to develop a national emphasis program on pedestrian safety. Because the elderly are over-represented in pedestrian accidents, they will be one of the target groups of this effort.

Urban Mass Transportation Administration

During fiscal year 1985 the Urban Mass Transportation Administration continued to investigate methods for improving transit facilities for the visually impaired. Through the extension of an existing grant with Boston College, and at no additional cost to the Federal Government, the Bay Area Rapid Transit Authority conducted a series of experiments in five rail rapid stations on the use of textured floor surface materials to identify an area 1-foot from the platform edge for visually impaired persons, many of whom are older Americans.

These experiments are presently being concluded and the results will be reported in final report for the Urban Mass Transportation. In addition, a special session will be held at the Transportation Research Board's Annual Meeting, in January 1987, to present the results of these experiments and other efforts to improve transit facilities for the visually impaired.

The Urban Mass Transportation is presenting supporting demonstration projects to evaluate the performance of new low floor accessible small buses in the State of Michigan and Syracuse, NY, and the performance of innovative accessible paratransit vehicles in Miami, FL and Pittsburgh, PA. A study to evacuate and rescue elderly and handicapped passengers from transit vehicles has been completed. A bus wheelchair accessibility workshop is planned for May 1986.

National Highway Traffic Safety Administration

A study is underway to identify primary sources of information for older individuals, assess these sources as potential distribution networks for traffic safety information, and determine those organizations, agencies, and groups that would cooperate with the NHTSA in the distribution of such information to older drivers, passengers, and pedestrians. Another study has been initiated to develop a methodology and for evaluating vehicle rearview mirror systems. One of the evaluation criteria to be used in the tests will be the extent to which elderly drivers may have difficulty in using various rearview mirror systems. In planned research related to the development of vehicle headlamp performance standards, the effects of glare on different age populations, including the elderly, will be considered in the development of criteria for acceptability of headlamp systems. Glare from oncoming vehicle headlights is a particularly serious problem for older drivers.

DEMONSTRATIONS

Federal Highway Administration

The cities of Baltimore, New Orleans, and Seattle, have developed Elderly and Handicapped Pedestrian Accessibility networks. Each city produced a final report in 1984 on how its network was developed. In 1986, FHWA will use the cities' experiences to update its "Priority Accessible Networks" manual. The cities used an earlier version of the manual in planning their pedestrian networks.

INFORMATION DISSEMINATION

Federal Highway Administration

The FHWA will sponsor development of a handbook on planning and design of pedestrian facilities. One of the items addressed will be the special needs of elderly and handicapped pedestrians.

Federal Railroad Administration

Amtrak publishes an informational brochure entitled "Access Amtrak" which describes the services available to its handicapped and/or mobility impaired passengers (including the elderly). All public timetables contain a special assistance information toll-free number for handicapped and elderly passengers, and each of Amtrak's reservations offices has copies of "Access Amtrak" available to distribute to interested persons.

National Highway Traffic Safety Administration

During 1985, a slide/tape educational presentation on the benefits of safety belt use for older persons was produced by NHTSA and the American Association of Retired Persons (AARP) and is now being used in health promotion programs in nine States. The agency collaborated with the Public Health Service Office of Disease Prevention and Health Promotion in the conduct of its "Healthy Older People" program. Traffic safety messages for older drivers, passengers, and pedestrians are being incorporated into public service announcements, Technical Review Notes, and other supporting resource materials produced by the agency.

ITEM 13. DEPARTMENT OF THE TREASURY

DECEMBER 19, 1985.

DEAR MR. CHAIRMAN: I am pleased to submit, for inclusion in *Developments in Aging*, the Treasury's report on the Department's activities during 1985 which affected the aged. I hope our report will be of use to the Special Committee on Aging and others studying the problems faced by older Americans.

Sincerely,

JAMES A. BAKER III, *Secretary*.

Enclosure.

TREASURY ACTIVITIES IN 1985 AFFECTING THE AGED

The Treasury Department recognizes the importance and the special concerns of older Americans, a group that will comprise an increasing proportion of the population in decades ahead.

The Secretary of the Treasury is Managing Trustee of the Social Security trust funds. The short- and long-run financial status of these trust funds is presented in annual reports issued by the Trustees. The 1985 reports concluded that Old-Age and Survivors Insurance and Disability Insurance benefits can be paid on time well into the next century. In contrast, although it has improved considerably over last year's projection, the financial outlook for Medicare, in particular Hospital Insurance (or Part A), may become troublesome in the next decade. In this event some Congressional action may be needed in the next several years.

The Treasury Department is the Executive Branch agency responsible for developing the Administration's tax policy proposals. Based on the Department's efforts, in May 1985, the President submitted to the Congress tax reform proposals for fairness, growth, and simplicity. Under the proposals, individual income tax burdens generally would be reduced, income tax rates would decline, and the size of the personal exemption would be increased to $2,000. In addition, the tax credit for the elderly and the extra exemption for taxpayers age 65 and over would be combined into an expanded and liberalized tax credit for the elderly.

The part of Treasury with which many senior citizens have contact is the Internal Revenue Service (IRS). This is particularly true in 1985 because last year Social Security (and Railroad Retirement Tier I) benefits became subject to Federal income tax. Described below is information concerning IRS activities during 1985 directed toward helping persons 65 and over with their Federal income taxes. Activities of other Treasury agencies which affect older Americans are summarized in the last section of the report.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

The Internal Revenue Service places considerable emphasis on informing older Americans of their tax rights and responsibilities. IRS also continues to make special efforts to inform those individuals who, because of immobility, impaired health, or other factors, may miss out on benefits to which they are entitled unless IRS reaches them directly. The major programs in this effort are described below.

— The focus of the *Tax Counseling for the Elderly (TCE)* program is free, convenient, tax assistance to the elderly. The IRS contracts with nonprofit organizations whose members will be trained and then act as volunteer tax assistors. Although the service is free to the taxpayer, under the contractual agreement volunteers are reimbursed for their out-of-pocket expenses incurred while traveling to community assistance sites or residences for the elderly. IRS assistance to older Americans through the TCE program has been growing since the program's inception in 1980.

— *The Volunteer Income Tax Assistance (VITA)* program provides tax assistance to targeted groups including the elderly. Volunteers are trained by the IRS and offer their services to taxpayers needing assistance. This service is free to the taxpayer. Many VITA volunteers also helped the elderly in preparing their State and local returns. In addition, volunteers helped elderly taxpayers to compute their estimated tax for the upcoming tax filing season.

— *The Small Business Workshop* program is designed to assist taxpayers with information they may need to begin a business. Although the program is designed for the general public, the elderly can also avail themselves of this service, and do, when beginning second careers.

— As part of the *Library* program, the IRS supplies libraries nationwide with free tax aids such as reproducible tax forms, reference publications, and audiovisual materials on the preparation of Forms 1040, 1040A, 1040EZ and related schedules. The elderly may make use of these items at any of the approximately 18,000 participating libraries.

— *Community Outreach Tax Assistance* provides taxpayers with return preparation assistance and tax information seminars. These seminars are presented by IRS employees and volunteers at community locations. Although directed to lower-income and middle-income taxpayers, issues affecting the elderly can be addressed at these sessions and frequently are at senior citizen centers and retirement planning programs.

The Internal Revenue Service issues a large number of taxpayer information materials for dissemination to the media for the public through field offices and national media. These materials which contain specific information for the elderly include IRS publications, taxpayer information materials, drop-in ads and tax supplements as described below.

—Publication 910, "Taxpayer Guide to IRS Information, Assistance and Publications," provides information regarding assistance available to taxpayers in resolving questions on notices, bills, letters, and the status of refunds or tax accounts. The publication also described taxpayer assistance programs such as Tax Counseling for the Elderly, VITA, Community Outreach, etc. A list of toll-free phone numbers, Tele-Tax phone numbers, subjects, and tape numbers, and instructions for using the Automated refund Information have been included. It also contains brief descriptions of the free Taxpayer Information Publications and their related forms.

—Publication 915, "Tax Information on Social Security Benefits and Tier I Railroad Retirement Benefits" assists taxpayers in determining the taxability, if any, of benefits received from Social Security and Tier I Railroad Retirement.

—Publication 554, "Tax Information for Older Americans," provides that single taxpayers age 65 and over are not required to file a Federal income tax return unless their income for the year was $4,470 or more (as compared to $3,430 or more for single taxpayers under age 65). Married taxpayers who could file a joint return are not required to file unless their joint income for the year was $6,660 or more if one of the spouses is 65 or over, or $7,700 if both spouses are 65 or over. All taxpayers age 65 or over are entitled to an extra personal exemption of $1,040.

—Publication 524, "Credit for the Elderly and the Permanently and Totally Disabled," provides that individuals 65 and over are able to take the Credit for the Elderly and the Permanently and Totally Disabled, reducing taxes owed by $750 for single persons and $1,125 for married couples filing a joint return. In addition, individuals under 65 who retired with a permanent and total disability and receive taxable income from a public or private employer because of that disability will be eligible for the credit.

—Publication 523, "Tax Information on Selling Your Home," provides that persons 55 years of age or older are allowed a once-in-a lifetime exclusion of up to $125,000 of the gain on the sale of their personal residence.

—Publication 567, "U.S. Civil Service Retirement and Disability," and Publication 575, "Pension and Annuity Income," provide information where both the taxpayer and his/her employer paid part of the cost of the taxpayer's pension or annuity, the taxpayer will not pay tax on the part of the pension or annuity that represents a return of the taxpayer's cost.

—The 1986 Tax Supplement was prepared and distributed to newspapers across the country. The Tax Supplement contains camera ready articles designed for immediate use. Some of the articles contain information specifically geared to older taxpayers. Last year over 900 newspapers printed a Tax Supplement during the filing season.

—A packet containing filing and non-filing season Drop-In Ads has been distributed to magazines and newspapers across the country. These ads are camera-ready items advertising the services provided to taxpayers. A number of the ads contain information directly related to the needs of the elderly.

—Publication 907, "Tax Information for Handicapped and Disabled Individuals," covers tax issues of particular interest to handicapped and disabled persons.

All publications are available free of charge. They can be obtained from IRS by using the order form found in the tax packages or by calling the forms/tax information number listed in the telephone directory. Many libraries stock the most frequently requested forms and publications for taxpayer pickup. In addition, many libraries stock a reference set of IRS publications and a set of reproducible tax forms.

Activities in the area of tax forms development of special interest to older taxpayers include:

The inside front cover of the Form 1040 instructions highlights several important reminders for older taxpayers.

The Form 1040 instructions and IRS Notice 703, which is mailed to Social Security recipients with Form SSA-1099, alert Social Security recipients that they may be able to make a special election that may reduce the amount of their taxable benefits. (This election may be made by taxpayers who receive Social Security benefits in 1985 that are for 1984.)

The Form 1040 instructions inform Social Security recipients that if their repayments exceed their benefits for the year they may be able to deduct part of their excess repayments.

The instructions for Schedule R, Credit for the Elderly and the Permanently and Totally Disabled, include information regarding the income levels at which taxpayers may not be able to take the credit. This information was added to make it easier for taxpayers to determine if they qualify for the credit.

The IRS uses the electronic and print media and specialized newsletters and organizations serving older Americans to communicate information of interest to the elderly. Important examples of this service are noted here.

—The Elderly Tax Clinic broadcast over 159 TV Stations on March 31, 1985, had over 3.5 million viewers, up significantly from the 1.3 million the previous year. The broadcast attracted viewers on tax topics of interest to people age 55 and older. The IRS tax assistance lines were staffed during the program so that viewers could call with their tax questions.

—IRS produced radio and television call-in programs were used to inform older taxpayers about possibly having to pay taxes on some Social Security benefits as well as other topics of interest to elderly taxpayers.

—A 30-second television and 30-second radio public service announcement were produced on Tax Information for Older Americans.

Taxpayer information materials are continually being developed and distributed to the field for release to local and specialized media as well as release by the National Office to national media. Many of the subjects covered are listed below:

—Once-in-a-lifetime exclusion of gain on the sale of residence;

—Extra exemptions for 65 and over;

—Federal Tax Withholding on pension payments;

—IRS cautions senior citizens: check if you're not sure;

—Retirees should review tax status of pensions and annuities;

—Special tax advice for senior citizens;

—Retired taxpayers can avoid estimated tax payments;

—First-time taxpayers and others get estimated tax penalty break.

—Some Social Security benefits to be taxed (also in Spanish);

—Tax Counseling for the Elderly;
—Taxpayer assistance (also in Spanish);
—VITA (also in Spanish);
—Publication 910;
—Age 60 or over? Free TCE help available (also in Spanish);
—Senior citizens qualify for free tax help;
—Outreach;
—Older taxpayers may not need to file tax returns.

Other IRS functions and activities affecting elderly taxpayers in 1985 are described below.

—The Problem Resolution Program (PRP) provides taxpayers with an advocate within the Internal Revenue Service. PRP has two purposes; the first is to resolve taxpayer problems that could not be resolved through normal channels. Although this program is for the general public, the elderly also avail themselves and benefit from the assistance.

PRP's second function is to prevent future problems through its analysis and advocacy activities such as representing taxpayers views on forms design and simplification. In addition, this year one of the major advocacy roles was to monitor the effects regarding the potential taxability of Social Security benefits to determine if taxpayers were erroneously including Social Security benefits or tax-exempt interest in income.

—During the year, the Service published Revenue Ruling 84-173, 1984-2 C.B. 16 which contained a series of questions and answers about the taxability of Social Security benefits including Tier 1 railroad retirement benefits.

Section 121 of Public Law 98-21, The Social Security Amendments of 1983, 1983-2 C.B. 309, 311 added section 86 to the Internal Revenue Code. Section 86 provides for the taxation, in certain circumstances, of Social Security benefits including Federal Old Age, Surviviors, Disability Insurance benefits and Tier 1 Railroad Retirement benefits.

—During 1985, IRS received numerous inquiries concerning the reporting requirements of volunteer drivers who perform services for charitable organizations and are reimbursed at a fixed rate based on the number of miles driven. Many volunteer drivers are senior citizens who provide services for other senior citizens.

The Service's position is that volunteer drivers who perform services for charitable organizations must include in income mileage reimbursement payments received, to the extent the payments exceed their actual travel expenses. However, volunteer drivers who are reimbursed pursuant to Title II of the Domestic Volunteer Service Act of 1973 (Retired Senior Volunteer Program), do not have to include mileage reimbursement payments in their gross income. The intention of Congress in enacting this legislation was, in part, to continue the income tax exemption previously provided by section 601(d) and 611(d) of the Older Americans Act of 1965, as amended, for payments made to Title II volunteers.

—The Retirement Equity Act of 1984 was enacted into law on August 23, 1984. That law amended the Code to improve the delivery of retirement benefits and provide for greater equity under private pension plans for workers and their spouses. The Service has published regulations under this law relating to: (1) the requirements for payment of survivor annuities to spouses of deceased employees; (2) new restrictions on payments under retirement plans; and (3) other rules that protect the retirement benefits of employees under private pension plans.

OTHER TREASURY ACTIVITIES AFFECTING THE AGED

Other agencies of the Treasury also have an impact on the elderly as part of their specific functions. Developments during 1985 are summarized below.

—Treasury continued its expansion of the Direct Deposit Program for Federal recurring payments. This program offers an added measure of convenience and security to many people, including retirees, who depend on regular Government payments, by permitting direct deposits into a personal checking or savings account. The Direct Deposit Program was implemented in 1975 and now includes Social Security benefits, supplemental security income, civil service retirement, railroad retirement, Veterans' Administration compensation and pension payments, certain military active duty and retirement and Federal salary payments. As of September 1985, there was an increase of over 7 percent in enrollment. Since 1977, a nationwide educational compaign has been underway to inform recipients about the advantages of the program.

—The Financial Management Service has continued a longstanding record of reliably meeting issuance schedules for Government payments. The majority of these payments are to elderly beneficiaries who depend on receiving their payments on time each month. In fiscal 1985, the Service issued over 720 million payments involving Social Security benefits, railroad retirement, civil service retirement, veterans' benefits and supplemental security income. The Service is continuing efforts to improve service to recipients of Government payments.

—The U.S. Savings Bonds Division continues to work closely with major labor and national organizations, like the American Association of Retired Persons, American Legion, Veterans of Foreign Wars, and many other service, government and civic groups, whose membership includes millions of older Americans—many of whom are Bond holders. The Division provides these organizations with important information on market-based rates and the tax deferral and exchange privileges that are particularly beneficial to retired individuals. During fiscal year 1985, the Division implemented a toll-free telephone information service (1-800-US BONDS) making it easier for older and less mobile citizens to get the current rate and other assistance.

—The Bureau of the Public Debt continues to improve its systems which service investors in Treasury securities, many of whom are senior citizens. Five changes were initiated in 1985 which should benefit citizens investing in Treasury securities.

—The TREASURY DIRECT Book-entry Securities System (TREASURY DIRECT) continued its development and is scheduled to be completed in July 1986. Several features should benefit individuals investing in Treasury securities.

  —Definitive Treasury securities will no longer be issued, eliminating the risk of theft and destruction of securities. After July 1986, all Treasury securities will be issued in book-entry form only.

  —Under TREASURY DIRECT, all interest payments for Treasury securities will be made through Automated Clearing House procedures, eliminating the risk of lost or stolen interest checks. Payments will be credited to investor accounts on the day interest is due, eliminating late receipts resulting from variances in mail delivery.

  —The TREASURY DIRECT system will provide investor account information upon request, and process securities transaction requests in a more timely fashion. Additionally, extended reinvestment of Treasury Bills will be available, eliminating the need to request reinvestment at each maturity date.

  —The TREASURY DIRECT system will feature decentralized servicing centers at the Federal Reserve Banks. Investors with questions or concerns will be able to call the Banks, which are located closer to most investors than the Bureau of the Public Debt.

—The Securities Transactions Branch was relocated from the Main Treasury Building to the Bureau of Engraving and Printing Annex. The new location was determined to be more easily accessible by public transportation and has adjacent parking. Additionally, overall service features were added to speed transaction processing and minimize waiting in line.

—Series H/HH savings bond owners now have the option of receiving their interest payments by Electronic Funds Transfer. Series H/HH bond owners who do not ask for payment by Electronic Funds Transfer will see a change in the type of check received beginning August 1, 1986. Conversion to Fiscal Agency checks will allow processing claims of nonreceipt in a more timely fashion due to online access to the TREASURY DIRECT system and elimination of time-consuming recertification procedures inherent with Government checks. Current procedures require approximately 6 weeks for a replacement check to be issued. Fiscal Agency check replacement is expected to reduce this time considerably.

—A program implemented in November 1981 which simplifies the method of reinvesting maturing Series H bonds with no loss of interest during the process has increased reinvestment in fiscal year 1985, 28 pecent over the previous year. As of September 1985, 44.1 percent of maturing Series H bonds have been reinvested.

—Powers of attorney are often utilized to manage the affairs to grantors who have been incapacitated due to age. Although previously prohibited for use in the payment of saving bonds, greater latitude in accepting powers is now being granted by the Savings Bond Operations Office. As a result, a greater number will be accepted which will, in turn, expedite payment to the aged owners.

—The Office of Consumer Affairs acts as the liaison between the Department of the Treasury and individual senior citizens and senior citizen organizations, assisting them in determining which office or department can best answer their questions or help to solve their problems.

The Office of Consumer Affairs works with groups concerned with senior citizens and issues that affect the elderly. This office arranged for Assistant Secretary (Tax Policy), Ronald A. Pearlman, to address the American Association of Retired Persons National Legislative Council in February. The Legislative Council sets the Association's legislative policy for its nearly 17 million members.

Discussions were held with the National Director of the National Alliance of Senior Citizens, Inc., regarding the President's tax reform proposal and a survey administered by that organization regarding the proposal was reviewed by this office. This group advocates advancement of senior Americans through sound fiscal policy.

—During 1985, the Office of the Comptroller of the Currency held meetings in each of its six district office locations with representatives of various bank customer groups (including the American Association of Retired Persons). The purpose of the meetings was to determine issues, concerns and opportunities of the groups' constituents related to banking and to provide responses, as appropriate. Additionally, active liaison was contained with national based organizations including the American Association of Retired Persons, to share information about banking related issues.

Additionally, the Comptroller's Office continued to enforce the Equal Credit Opportunity Act and Regulation B as part of its supervisory responsibilities for all national banks. The law and its implementing regulation prohibit a creditor from discriminating against an applicant on a prohibited basis. Prohibited bases includes age, provided that the applicant has the capacity to enter into a binding contract. Enforcement of the law is carried out during examinations of national banks.

—The Treasury also continued to protect elderly recipients of Government payments through the vigilance of the Secret Service. During fiscal year 1985, the Service closed 49,674 Social Security check forgery cases and 10,352 supplemental security income forgery cases and 10,352 supplemental security income forgery cases. Most of these checks were issued to retirees. Approximately 84 percent of all check cases were cleared, that is, the identity of the forger was discovered.

Finally, the Department of the Treasury makes every attempt to participate in the Government wide effort to end discrimination against particular groups, including the aged, in employment and in the accessibility of public information and facilities:

—The Department of the Treasury continues to identify and modify architectural barriers that prevent or limit the accessibility of Treasury facilities to the eldely. During the 1985, the following was accomplished:

—The U.S. Mint relocated its coin sales office from the Main Treasury Building to the Visitor Center in the Commerce Building, thereby affording convenient street-level access to this popular service.

—The Bureau of the Public Debt relocated its Securities Transactions Branch from the Main Treasury Building to the Engraving and Printing Annex Building, where access for the handicapped is more readily available to this heavily used public service information.

—The Bureau of Engraving and Printing has incorporated a variety of features helpful to the elderly in its public tour and its new Visitors' Center.

Tour guides are available to provide assistance to visitors who have infirmities or need special attention.

Ramps and wide entrances are in place to permit easy movement of persons in wheelchairs or walkers.

Restrooms accommodate wheelchairs and similar walking aids.

The new exhibits in the Visitors' Center were designed wth people in wheelchairs in mind. All exhibits can be viewed from wheelchairs.

The medical staff had several simulations during fiscal year 1985 on how to respond to medical emergencies, specifically in the tour gallery. Also Cardiopulmonary Resuscitation (CPR) training has been provided to all the tour supervisors and will be given to the tour guides in fiscal year 1986.

—In employment, Treasury Offices and Bureaus have implemented a part-time employment program (PTEP) as a result of Public Law 93-437 (October 1978). The program gives special attention to groups such as older people. Although the opportunities for employment in general, including part-time, are currently uncertain due the budgetary and staffing constraints, the PTEP has helped retirees and the elderly obtain meaningful employment. The employment of the elderly benefits both the individual, by supplementing his or her income, and the agency, by adding productive employees to the regular work force.

ITEM 14. ACTION

DECEMBER 16, 1985.

DEAR CHAIRMAN HEINZ: I am pleased to respond to your letter of October 31 requesting the submission of ACTION's annual report on programs and services for the elderly to the Special Committee on Aging.

In addition to reporting on ACTION's activities of fiscal year 1985, we have included information on our goals for fiscal year 1986. Plans for private sector resource development are also reflected.

Sincerely,

DONNA M. ALVARADO.

Enclosure.

OLDER AMERICAN VOLUNTEER PROGRAMS

Fiscal year 1985 marked the 11th anniversary of the Senior Companion Program (SCP), 14 years of operation for the Retired Senior Volunteer Program (RSVP), and 20th anniversary for the Foster Grandparent Program (FGP). The Older American Volunteer Programs (OAVP) comprise approximately 1,100 projects operated by local agencies across the country. In those projects are approximately 365,000 RSVP volunteers, 19,000 Foster Grandparents, and 5,300 Senior Companions. With over 389,000 volunteers nationally, the Older American Volunteer Programs are providing a great number of services to their respective communities—services which are highlyvalued by client organizations and which are cost effective.

The Older American Volunteer Programs represent partnerships among the Federal Government, State and local governments, and local communities. In fiscal year 1985, the Federal appropriation for the three OAVP programs (FGP, SCP, RSVP) totaled $103,810,000. Those funds were augmented by $43,200,000 from non-ACTION sources: $21.6 million contributed by State governments; $10.2 by local governments, and $11.4 by private nonprofit organizations.

With ACTION pointing the direction and local communities implementing and operating the projects, we look forward to the continued success of these programs.

The following program descriptions provide highlights of each of the OAVP programs.

RETIRED SENIOR VOLUNTEER PROGRAM

BRIEF BACKGROUND AND GOALS OF RSVP

This year, the Retired Senior Volunteer Program (RSVP) completes its 14th year of operation, justifiably proud of its remarkable growth and continuing record of achievement. Each individual project under local leadership has recorded its own individual accomplishments in providing volunteer opportunities and delivering human services in its community. Collectively, the program has made an immense impact.

Authorized initially in 1969 under Title VI, Part A of the Older Americans Act, as amended, RSVP was transferred to ACTION in 1971. Subsequently, it was authorized under Title II, Part A, Section 201 of the Domestic Volunteer Service Act of 1973 (P.L. 93-113), enacted on October 1, 1973. The program was established to provide opportunities for retired persons aged 60 and over to serve on a regular basis in a variety of settings in their communities.

In fiscal year 1985, with a budget of $29,620,000, there were 750 projects and 365,000 volunteers assigned to 44,100 nonprofit organizations and public agencies nationwide.

COMMUNITY SUPPORT AND ACCEPTANCE

Based on the most recent study completed in 1985, non-ACTION funds generated by RSVP projects in fiscal year 1985 amounted to $20,188,000. Of this amount, $12,603,000 came from State and local governments and $7,585,000 from the private sector.

Local support amounts to 44 percent of the total budget. This includes both cash and in-kind support.

NUMBERS AND CHARACTERISTICS OF VOLUNTEERS AND HOW THEY SUPPORT PROGRAM GOALS

As stated above, in fiscal year 1985, there were 365,000 RSVP volunteers.

	Percent
Distribution by sex:	
Male	22
Female	78
Distribution by age:	
60 to 69	36
70 to 79	47
80 and over	17
Distribution by ethnic groups:	
White	84
Black	11
Hispanic	3.4
Asian	1.2
Indian/Alaskan	0.4

RSVP volunteers serve in a variety of organizations, agencies, and institutions designated as volunteer stations. The stations include courts, schools, museums, libraries, hospices, hospitals, nursing homes, and other community service centers. Volunteers serve without compensation, but may be reimbursed for such expenses as transportation. Accident and liability insurance is provided volunteers while on assigment.

RSVP volunteers contributed 68 million hours of volunteer service in fiscal year 1985. A conservative estimate of the value of services rendered indicates a return on investment of over $7 for each $1 of taxpayer money.

Successful Representative Examples of RSVP Projects

RSVP volunteers contribute their time and talents in so many ways that it is impossible to list them all. The distinguishing feature of RSVP continues to be its ability to respond to community needs and develop volunteer opportunities which meet the unique talents of older individuals. ACTION is currently emphasizing special emphasis areas such as services to youth, literacy, drug abuse, in-home care, consumer education and support, crime prevention, and management assistance to private nonprofit and public agencies to make their operations more cost effective. The following examples describes some of the services provided by RSVP volunteers.

In Palo Alto, CA, the Retired Executive Volunteers (REV) is one of a number of projects where RSVP volunteers provide management and technical assistance to nonprofit and public agencies. Assistance includes general management, financial planning, accounting controls, personnel management, and fundraising, among others.

The RSVP of South Orange County in Santa Ana, CA, continues to be actively involved in refugee resettlement. One hundred ninety-one (191) RSVP volunteers working with six agencies at 27 volunteer sites provide assistance in Literacy (English as a Second Language or ESL), in the school system as teacher aides for refugee children. They also provide career counseling. A number of the more recent RSVP volunteer recruits are themselves refugees. It is estimated that between 65,000 and 70,000 refugees have resettled in Orange County.

In New York City, Monica House, a former Brooklyn Convent, has been converted into a small private shelter for homeless women and their children. Many of the women who live at Monica House have been either physically or sexually abused. Others have been evicted or burned out of their apartments. All have nowhere to go. Nine volunteers from the RSVP in New York City serve each week at Monica House. They are grandmothers to young women who have no family, an oasis of warmth and serenity to fretful babies, and indespensable assistants to the Monica House staff. "The women here are lonely sometimes," says the Director of Monica House. "Very few of them have anyone outside of the house, and so the volunteers are like a mother or a grandmother to them."

Two retired professionals of the RSVP of southern Maine are offering a unique service to older adults in the Portland area and York-Kittery area. They are reviewing health insurance policies of older people to determine if they were over- or under-insured. At the same time, they are educating older adults about what to look for in buying additional health insurance.

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FISCAL YEAR 1985 RSVP FUNDING INCREASE

The $1.8 million increase in the RSVP appropriation for fiscal year 1985 was used to establish new RSVP projects in other communities to support existing projects which plan to expand and strengthen their volunteer programming.

Half of the increase, or $923,600, was obligated to establish 26 new projects in communities which were not served by RSVP. The funds have been allocated to the Regions and their States proportionate to their 60-plus age population as recorded in the most recent U.S. Census data.

The other half was obligated in two ways. The larger share, or $823,670, was used to support approximately 190 existing RSVP projects on a competitive basis to improve, expand, and/or diversify their volunteer programming. These funds were allocated to the Regions based upon the number of existing RSVP projects in each Region in relation to the national total of 723. In addition, approximately $100,000 was added to a private sector partnership with Laubach Literacy Action, B. Dalton Bookseller, and the National RSVP Directors Association. The long range objective of this joint project is to stimulate involvement of perhaps 50 percent of RSVP projects in adult literacy training. More immediately, the project funded 23 literacy training awards to existing RSVP projects and will develop a literacy guidebook for RSVP project directors.

BRIEF DESCRIPTION OF SIGNIFICANT AND NOTABLE ACCOMPLISHMENTS

—Volunteers increased from 359,000 in Fiscal Year 1984 to 365,000 in Fiscal Year 1985.

—Number of hours served increased from 64 million to Fiscal Year 1984 to 68 million in Fiscal Year 1985.

—Based on the minimum wage, the total of the hours contributed by the volunteers is estimated at $238 million. This is a conservative estimate considering the fact that many volunteer possess professionals skills and experience in management, education, and medicine, among others.

INTERAGENCY AGREEMENTS, LOCAL JOINT PROGRAMMING, ETC.

Adult Literacy Effort.—In Fiscal Year 1985, RSVP entered into a public/private partnership with Laubach Literacy Action, B. Dalton Bookseller, Inc., and the National RSVP Directors' Association for the purpose of stimulating greater RSVP involvement in adult literacy.

Under this agreement, both ACTION and B. Dalton made grants to Laubach Literacy for a two-fold purpose: Laubach will make and administer literacy seed-grant awards to selected RSVP projects on a competitive basis early in Fiscal Year 1986. Laubach will develop a network of RSVP projects interested in adult literacy, provide them with some training and technical assistance and promote further public/private cooperation in this area, thereby further encouraging RSVP volunteer activity in this area of national concern.

Department of Agriculture.—In Fiscal Year 1985, an interagency agreement was signed with the Office of Rural Development Policy (ORDP) of the U.S. Department of Agriculture, involving the transfer to ACTION (RSVP) of $96,142. The purpose of the agreement is to pilot test the Public Administrator's Rural Technical Assistance (PARTA) Program in three States (Utah, Nebraska, and South Dakota).

PARTA will demonstrate an approach to recruiting and placing retired Federal employees in volunteer positions in rural government organizations. Volunteer job development, recruitment, and placement will be managed by 11 local RSVP projects in the three States. Local recruitment will be augmented by a direct mail appeal to retired civil servants in the three pilot areas.

The pilot test will be monitored through the end of Fiscal Year 1986 and a final report of findings will be prepared at that time.

FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program (FGP) is authorized under Title II, Part B, of the Domestic Volunteer Service Act of 1973 (P.L. 93-113), as amended. The primary purpose of the program is to provide opportunities to low-income persons aged 60 and over to give supportive person-to-person service to children with special or exceptional needs. The program's budget for fiscal year 1985 was $56.1 million.

In Fiscal Year 1985, the 20th year of program operations, there were 249 FGP projects in all 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. In addition, there were 10 projects that were totally supported by State funds. Some 19,000 volunteers served in the program that year, contributing close to 20 million hours assisting children suffering from various forms of disabilities, such as: Abuse and neglect, physical and emotional handicaps, drug/alcohol abuse, mental retardation, illiteracy, and juvenile delinquency. These volunteers assist approximately 66,800 children on any given day.

Foster Grandparents serve 4 hours a day, 5 days a week. To enable these low-income volunteers to serve without cost to themselves, the program provides certain direct benefits including a stipend of $2.20 per hour, transportation and meal assistance when needed, insurance protection, and an annual physical examination.

Volunteer services are provided through designated volunteer stations which are public and private nonprofit agencies such as: Schools, hospitals, juvenile detention centers, Head Start, shelters for neglected children, State schools for the mentally retarded, and drug abuse rehabilitation centers.

Foster Grandparents are 85 percent female and 15 percent male. Some 40 percent are from 60-69 years of age; 50 percent are in the 70-79 bracket; 8 percent are between 80 and 84, and 2 percent are 85 or older. Their ethnic distribution is 2.5 percent Native American; 1 percent Asian; 8.4 percent Hispanic; 31 percent Black, and 57.1 percent White. Almost 57 percent live in urban settings, while 43 percent are in sparsely populated areas. Handicapped Foster Grandparents comprise 9 percent of the total.

JOINT PROGRAMMING

The success of Foster Grandparents has led to various collaborative efforts with other organizations in the social services area. In States such as California and New York, joint programming efforts exist between FGP, SCP, and RSVP.

The interagency agreement between ACTION and the Department of Health and Human Services (HHS) which provided funding support for Foster Grandparents assigned to Head Start children, has been superseded by permanent ACTION funding which commenced in 1985. This allows the participating projects in California, Georgia, and Wisconsin to continue indefinitely FGP volunteer services to Head Start children in their service areas.

A special FGP fund, supported by private contributions and royalties from Mrs. Reagan's book, *To Love A Child*, was established in 1981 to support special programming activities in a number of projects. These funds were awarded to eight existing projects to enable them to expand into new programming emphasis areas.

PROGRAM IMPACT

Perhaps the most convincing evidence of the program's value lies in the fact that over 40 States have provided funds to expand Foster Grandparent Program activities within their respective jurisdictions. Their enthusiastic and loyal support, along with private sector contributions, easily doubles the 10 percent local funding required by law in order to receive Federal assistance for a project. Community organizations also have warmly welcomed the program. Having experienced its benefits to their resident children, almost all volunteer stations have requested additional volunteers.

VOLUNTEER SERVICES PROVIDED

Foster Grandparent volunteers offer personalized assistance to the children they serve. Their services are exemplified by those provided by volunteers in the following communities:

> In Denver, CO, a number of volunteers are assigned to children in a residential center for young girls between the ages of 11 and 18, some of whom are victims of incest and sexual abuse. The volunteers provide encouragement, assist with academic work, and serve as positive role models for their assigned children.
>
> In Fort Lauderdale, FL, 15 volunteers assist immigrant children from Haiti, Cuba, and Korea, teaching them English as a second language, and helping to familiarize them with American culture.
>
> In Syracuse, NY, volunteers trained in literacy are assigned to a detention center serving children with identified literacy problems.

In scores of mental retardation facilities nationwide, Foster Grandparents daily bring light into the lives of thousands of mentally retarded children. The Grandparents' patience and loving care bring a warmth and understanding into the lives of the children they serve far beyond what is normally available from caring, but often overworked, institution staff. Additional thousands of mentally retarded children experience the benefits of a Foster Grandparent assignment in public schools, group homes, sheltered workshops and other nonresidential facilities.

FISCAL YEAR 1985 FGP EXPANSION

In fiscal year 1985, FGP received an increase of $6.4 million in its appropriation. Of this increase, $5.2 was used to cover the 20 cents an hour stipend increase mandated by Congress. The balance was used to fund five new grants and expand 23 existing FGP projects.

Senior Companion Program

During fiscal year 1985, the Senior Companion Program (SCP) experienced major growth with the award of $3 million for new projects and components to existing projects. These grants represent funding for the first year of a 3-year Homebound Elderly (H/E) demonstration program effort extending opportunities to serve to over 1,000 volunteers in 25 States. This increased the number of SCP projects to 96, supporting 5,290 Federally funded volunteers with the potential of serving over 16,000 clients. In fiscal year 1985, the operating budget was $18.1 million.

The SCP was originally authorized in 1973. Under Title II, Part C, of the Domestic Volunteer Service Act, the Program provides a variety of service opportunities for low-income Americans, aged 60 and older, who serve adults, especially impaired older persons who cannot count on consistent support from family and friends.

Committed to serving 20 hours each week, Senior Companions typically divide their time among three clients. Senior Companions receive a modest tax-free stipend to partially offset the cost of volunteering. The program coordinates and places volunteers through direct health and social service agencies and Federal and State long-term care networks. Senior Companions assist older people who are chronically homebound and at risk of being institutionalized by strengthening their capacity to live independently in the community. They also ease the transition from institution into the community.

COMMUNITY SUPPORT AND ACCEPTANCE

Based on the most recent study completed in 1985, non-ACTION funds generated by SCP projects in fiscal year 1985 amounted to $4.4 million. Of this amount, $3,518,160 was from State and local governments; $822,727 was from the private sector.

NUMBERS AND CHARACTERISTICS OF VOLUNTEERS AND HOW THEY SUPPORT PROGRAM GOALS

	Percent
Distribution by sex:	
Male	16
Female	84
Distribution by age:	
60 to 69	47
70 to 79	44
80 to 84	7
84+	2
Distribition by ethnic groups:	
White	62
Black	28
Hispanic	6
Asian	2
Indian/Alaskan	2

Senior Companions serve through a variety of organizations, agencies and institutions designated as volunteer stations. The stations include acute care hospitals, home health agencies, senior centers, nursing homes, hospices, and community mental health agencies. In addition to the $2.20 hourly stipend, Senior Companions receive transportation assistance, meals on days when they volunteer, annual physical examinations, accident and personal liability insurance and special recognition annually.

During fiscal year 1985, 2,230 Volunteer Service Years (VST's) were recorded in the four program emphasis areas: Service to the terminally ill—430; acute care/discharge planning—825; substance abuse—375; and service to the mentally ill—600.

REPRESENTATIVE SAMPLE OF PROJECT ACTIVITIES

In Fresno, CA, a Senior Companion, 1 of 61 volunteers with the Older American Organization of Fresno and Madera Counties, serves three clients. One client, a victim of emphysema, can't survive without special supplies of oxygen. His wife had to take a 3 month leave of absence from her job to care for him. She worried about leaving him alone. Then she heard about the Senior Companion Program. The volunteer was assigned several weeks before the wife was scheduled to return to work.

Now, the client only has to be by himself for an hour and then the SCP volunteer arrives to prepare his noontime meal, check on his oxygen, and remind him to take his medication. The volunteer's presence enables the family to maintain him at home without severe economic hardship.

A Senior Companion who is a recovering alcoholic is assigned to the Detoxification Unit at the VA Hospital in Altoona, PA. His client is recovering from a stroke brought on by heavy drinking. The Companion helps with reality orientation exercises, a speech pathology training regimen, and generally provides the emotional support that helps him recover.

In Miami, FL, a 72-year old woman became a Senior Companion under unusual circumstances. She first heard about the program after she was placed in a nursing home to recover from a stroke which left her immobile. She recovered quickly and after her discharge, inquired about joining the program. She met all the qualifications. For over a year, she has provided one-on-one care to seven clients.

PRIVATE SECTOR INITIATIVES

The Senior Companion Program has generated significant cash and in-kind support from a variety of community grantees. The following examples track the growth of non-ACTION support among selected State, county, and private grantees:

1. States

Minnesota.—In 1976, the Association for Retarded Citizens of Minnesota, Inc., was awarded a $144,443 grant, with $118,662 in Federal funds and $25,781 in State funds. This funded 49 VSY's, all federally supported. In fiscal year 1985, the State share had increased to $427,268 or 65 percent of the $653,120 budget. This generated 100 State and 72 ACTION-supported VSY's.

2. County Government

Allegheny County.—In 1976, Allegheny County Adult Services, Inc., of Pittsburgh, PA, reported 14 percent of its $312,188 budget represented funds contributed by the county. In 1985, $162,700 or 31 percent of its budget was county supported. This generated 45 non-ACTION VSY's.

3. Private Sector

Anchorage, AL.—In 1982, The Captain Cook Jaycees, Inc., contributed $36,032 toward its budget of $158,288. In 1985, non-ACTION funds raised by the Jaycees increased to $141,362, supporting 11 VSY's and 52 percent of the $272,032 budget.

PROGRAM DEMONSTRATION PROJECTS

The $3 million authorized for the 3-year H/E Demonstration Program provides for 19 new projects and 17 components to existing projects. Twenty-five States are involved in the demonstration effort. It is designed to "assist homebound elderly to remain in their own homes and to enable institutionalized elderly to return to home care settings." In addition, it authorizes recruitment of unpaid community volunteer trainers and Senior Companion Volunteer Leaders. An independent contractor will design and conduct a comprehensive evaluation focusing on the five research areas specified in the Law.

PLANS FOR 1986

One of the major goals of ACTION for the Older American Volunteer Programs in 1986 to support the projects in the development of non-Federal resources. Recognizing the limitations of ACTION resources, we are working to expand and to further the partnerships that have existed among projects, local communities, the private sector and ACTION. We look to 1986 and the opportunity it brings to advance the self-sufficiency of existing projects and the initiation of new projects with non-Federal resources.

The Senior Companion Program will have fully implemented the homebound elderly demonstration projects in 1986. Early indications point to a successful effort.

ACTION has initiated a multi-year evaluation of this demonstration and we expect fine results.

The changing nature of services to special and exceptional needs children will continue to challenge Foster Grandparent project sponsors and staff to be innovative in the assignments of Foster Grandparents. Deinstitutionalization will have increasing number of Foster Grandparents serving with children in community settings, foster care and in-home placements.

Communities across the country are increasingly aware of older adults as a resource. The vast variety of services provided by RSVP volunteers will further the recognition of RSVP projects as service institutions in their community. RSVP will focus on the recruitment of retired professionals and on intergenerational programming for the coming year.

ITEM 15. COMMISSION ON CIVIL RIGHTS

DECEMBER 13, 1985.

DEAR CHAIRMAN HEINZ: The U.S. Commission on Civil Rights is pleased to respond to your recent request for a report of Commission activities affecting the interests of older persons for inclusion in the committee's annual report, Developments in Aging. If you have any questions regarding the enclosed report, please do not hesitate to contact me at 523-5571, or Carol A. Bonosaro, Assistant Staff Director for Congressional and Public Affairs, at 376-8307.

Sincerely,

J. AL LATHAM, Jr., *Staff Director*.

Enclosure.

FISCAL YEAR 1985 ACTIVITIES AFFECTING OLDER AMERICANS

During fiscal year 1985, the Commission continued to monitor legislative, legal, and regulatory developments affecting Federal enforcement of prohibitions against age discrimination. This activity included: (1) A review of regulations issued by the Department of Health and Human Services implementing the Age Discrimination Act of 1975; (2) an analysis of the sixth Annual Report to Congress on enforcement of the Age Discrimination Act; and (3) an assessment of enforcement of the Age Discrimination in Employment Act by the Equal Employment Opportunity Commission in the context of the Commission's on-going study of equal employment enforcement in the Reagan Administration. The Commission also provided testimony to Congress on the appropriate legislative response to the *Grove City* decision of 1983, affecting the prohibition of discrimination in federally assisted programs.

Also in fiscal year 1985, the Commission's State Advisory Committee in Iowa held a community forum in Des Moines to gather information on age discrimination issues in the State. In a briefing memorandum to the Commission, the Iowa SAC reported that participants in the forum generally agreed that age discrimination exists and poses a problem for many elderly Iowans. Among problems identified in combating age discrimination were lack of knowledge by some victims of protective laws and reluctance on the part of others to file complaints from fear of retaliation. As a result of the Committee's conclusions, the Governor of Iowa established a task force to obtain more information, especially with respect to minority elderly, and to identify strategies to enhance knowledge and insure nondiscriminatory access to programs designated to assist the elderly.

PLANNED FISCAL YEAR 1986 ACTIVITIES AFFECTING OLDER AMERICANS

In October 1985, the Commission approved a project proposal, *Discrimination Against the Elderly*. The major purpose of the project is to assess the extent of age discrimination in society with a primary focus upon the nature of discrimination itself. The project will consider the social and legal implications of mandatory retirement schemes, considering and collecting data on the relationship between aging and productivity. An examination of whether age discrimination requires a more limited and refined legislative response than that required to ameliorate racism and sexism will be undertaken.

Three State Advisory Committees in the New England Region have plans to conduct programs involving age discrimination.

The New Hampshire SAC will conduct a statewide study of access to polling places by elderly and handicapped citizens. A report of findings and recommendations is anticipated in early 1987.

The Vermont SAC has plans to examine the feasibility of establishing a State Human Rights Commission with enforcement authority in cases of discrimination. Attention will be paid equally, however, to all bases of discrimination, including, but not limited to, age. A report is scheduled for completion in late 1986.

The Rhode Island SAC plans to review the powers and effectiveness of 39 local human rights agencies in combating age discrimination as well as other forms of discriminatory treatment. The SAC's findings and possible recommendations will be available in mid-1987.

ITEM 16. CONSUMER PRODUCT SAFETY COMMISSION

NOVEBER 28, 1985.

DEAR CHAIRMAN HEINZ: In response to your letter of October 31, 1985, I am transmitting the U.S. Consumer Product Safety Commission's annual report of its activities on behalf of older Americans. The highlight of these activities in 1985 was our "Safety for Older Consumers" program. CPSC developed and distributed a "Home Safety Checklist for Older Consumer" to be used to identify and remedy specific hazards older people may encounter in their homes. More than a million copies of the Checklist were distributed through State Units on Aging, Area Agencies on Aging, and other organizations serving older people.

In September 1985, CPSC joined the American Society for Testing and Materials and 26 other organizations in co-sponsoring the National Conference on Safety for Older Consumers. This 2-day Conference explored ways for voluntary standards to help improve safety for older people. Many recommendations from the National Conference on Safety for Older Consumers will be pursued in CPSC's ongoing work on "Safety for Older Consumers" in 1986 and 1987.

We are pleased to submit this report for inclusion in the United States Senate's Special Committee on Aging report entitled "Developments in Aging."

Sincerely,

TERRENCE SCANLON, *Chairman.*

Enclosures.

CONSUMER PRODUCT SAFETY COMMISSION REPORT ON ACTIVITIES RELATED TO OLDER CONSUMERS

The Consumer Product Safety Act (Public Law 92-573) was enacted in 1972 in recognition of the need for Federal regulation to insure safer consumer products. The Act established the Consumer Product Safety Commission and charged it with the mission of reducing the number and severity of consumer product-related injuries, illnesses, and deaths. An amendment to the CPSA requires the Commission to "consider and take into account the special needs of the elderly and handicapped to determine the extent to which such persons may be adversely affected by (a consumer product safety) rule."

Our activities, including injury-data collection, research studies, standards development, and information and education programs, are not directed solely to programs for the benefit of our older Americans. However, improving product safety for the elderly is an important continuing objective of the Consumer Product Safety Commission. While none of the laws administered by CPSC apply to the elderly, the Commission recognized that the elderly are particularly vulnerable to injuries associated with various home structures, including bathtubs, showers, floors, stairs, unvented gas space heaters, and upholstered furniture. Moreover, the Commission has an active interest in the safety of older consumer and is giving priority attention to this important task.

INJURY DATA COLLECTION

The Commission's primary source of information on product-related injuries is the National Electronic Injury Surveillance System (NEISS). The NEISS is designed to have a statistically selected set of 64 hospital emergency rooms located throughout the country which report to the Commission, on a daily basis, data on product-related injuries treated in those emergency rooms. The Commission estimates that 625,000 persons 65 years of age or older were treated for product-related injuries in hospital emergency rooms in the United States and the U.S. Territories in calendar year 1984. The elderly were hospitalized for these injuries at a much higher proportion (20 percent) than the population as a whole (4 percent). Injuries associated with stairs, steps, floors, or flooring materials were suffered most frequently by the elderly. Other major product categories associated with injuries which particularly affect the elderly are those most commonly found in and around the home, including chairs, beds, doors, ladders, bathtub and shower structures, knives, rugs and carpets.

ACTIVITIES RELATED TO THE ELDERLY

The Commission recognizes that many products used by the total population of consumers may present special problems for the elderly. The elderly, therefore, comprise a group which the Commission focuses on, as a matter of policy, in carrying out its mission to reduce the unreasonable risk of injury from consumer products.

The Commission has formally recognized the unique needs of the elderly and special population groups in selecting project priorities. The "vulnerability of the population at risk" is one of seven factors which the Commission weighs in determining priority projects.

1984

The Commission has noted that elderly consumers are frequently the victims in fires from woodburning heating equipment and upholstered furniture. Woodburning heating equipment and upholstered furniture flammability continued to be two of the Commission's 1984 project priorities. Our woodburning heating equipment studies have shown that many fires result from improper installation, use, and maintenance of appliances, chimneys, and chimney connectors. This information was taken into consideration during the Commission's development of a mandatory labeling rule for wood and coal stoves requiring that extensive safety information be provided to consumers. The Commission is also working with upholstered furniture manufacturers in the development of a voluntary industry program to produce upholstered furniture that is more resistant to cigarette ignitions.

Residential wiring (fixed wiring, circuit breakers, light fixtures, receptacles, etc.) is believed to be responsible for 51,600 residential fires of electrical origin each year, causing 400 deaths, and estimated 3,400 injuries, and nearly $500 million in property loss. Many of these fires occur in older homes owned by elderly persons whose electrical systems are old and deteriorated. The Commission is continuing to study the potential fire hazards associated with deteriorated electrical systems.

The Commission designated the Safety for Older Consumers project for priority attention in fiscal years 1984, 1985, and 1987. This effort focuses on safety in the home. Since most elderly consumers are not living in housing specifically designed to accommodate their needs, special attention is needed to upgrade the safety of products they live and work with: stairs, baths, carpeting, lighting, flammable fabrics, heating equipment, and other items. Early in fiscal year 1984, CPSC staff developed a "Home Safety Checklist"—a series of simple, inexpensive recommendations for improving home safety.

To bring about actual improvements in the homes of older Americans, the Commission conducted a pilot "Home Safety Audit" program in two sites: Philadelphia, PA, and Green Bay, WI. Working closely with State and local agencies on aging, groups and organizations which represent the aging, the local community networks, older consumers in the area were contacted and invited to participate in the pilot program. A total of 1,100 homes in Philadelphia and 90 in Green Bay were audited during fiscal year 1984.

The safety auditors themselves were older Americans. Using materials and a training program provided by CPSC, safety auditors were trained to conduct visits and inspections of residences occupied by the elderly. The safety auditors used the Checklist developed by the Commission to walk through the home with the residents, noting various hazards or opportunities for simple, inexpensive modifications to improve safety. A copy of the Checklist was left with the homeowner.

The results of the fiscal year 1984 pilot project in Philadelphia and Green Bay showed that the "Safety for Older Consumers" project did have the potential to provide safety information to older Americans. Several hazards (such as lack of smoke detectors, or broken or loose flooring and steps) were identified and corrected in the homes of many older consumers. An independent evaluation conducted in Philadelphia showed that older consumers learned about safety hazards and how to correct them as a result of the home visits or reading the checklist. Several specific safety improvements were documented. As a result of the success of the pilot project, the Consumer Product Safety Commission decided to implement the project throughout the United States during fiscal year 1985.

1985

During 1985, the Commission worked at the National and State/local levels to implement the "Safety for Older Consumers" project. The Home Safety Checklist was revised (to enlarge the type and add illustrations) and reprinted in English and Spanish. Several national groups such as the American Association for Retired Persons and the National Council on the Aging helped reprint and distribute the checklist through their networks. A national news conference was held to announce the national implementation of the "Safety for Older Consumers" project.

At the State/local level, area agenices on the aging were contacted and encouraged to use the Home Safety Checklist in their ongoing program for older consumers. A total of $25,000 in State/local contracts were awarded by CPSC regional offices to agencies who conducted home visits, held seminars for older consumers, and distributed the checklist to older people who could conduct self-audits. The checklist was reprinted by newspapers and by groups who are concerned about safety for older consumers.

In September 1985, CPSC and the American Society for Testing and Materials joined 26 other co-sponsors in holding a National Conference on Safety for Older Consumers to explore ways for voluntary standards to improve safety for older people. Several recommendations for voluntary standards were made.

During 1986 and 1987, CPSC will follow-up the National Conference on Safety for Older Consumers in the following ways:

Work with voluntary standards organizations to pursue many of the recommendations made at the National Conference on Safety for Older Consumers;

Develop a film or slide show using the "Home Safety Checklist", demonstrating how to use the checklist to audit a home. This audiovisual will be helpful in seminars with older people and in media interviews;

Update the "Home Safety Checklist" to include new information about hazards and remedies, as new safety devices are developed and additional insights gained from studies of accidents among older people;

Continue to distribute the "Home Safety Checklist" through the national, State, and local networks of organizations serving older people.

INFORMATION AND EDUCATION

In October 1982, the Commission launched a 2-year Smoke Detector Information and Education program. It was the Commission's top priority information and education program during fiscal year 1983, and is being continued on an annual basis. Because fire is the second most frequent cause of accidental death in the home for persons of all ages—with the elderly being the age group with the highest death rate—the Commission's goal was to increase the number of homes with properly installed and maintained smoke detectors to provide early warning of fire. It was estimated at the start of the program that 40 percent of the population did not have smoke detectors, and that the elderly, particularly low-income elderly, were an age group which especially needed to be targeted for assistance in this area.

CPSC's program consisted of encouraging and cooperating with State and local programs around the country, and of working with fire departments and other organizations to provide information about smoke detector programs, and to promote giveaway and low-cost sales programs for elderly and low-income persons. Between October 1982 and September 1984, an estimated 2,000 communities and 30 States conducted smoke detector programs, and (by conservative estimate) over 2 million smoke detectors were given away or sold at discount. Millions of pieces of literature about smoke detectors were distributed in door-to-door campaigns, much of it reprinted at local expense from CPSC information and brochures.

During this 2-year period, several Senators and Members of Congress provided support for the program through their newsletters and local offices. The media provided good coverage of the program encouraged by visits of CPSC Commissioners around the counrty, and by the issuing of proclamations by mayors and executives of many towns and counties. The American Association of Retired Persons, working with CPSC staff, developed a large-type safety alert on smoke detectors which was made available to millions of AARP members and senior citizens. Other organizations working with senior citizens carried safety messages about smoke detectors in newsletters and magazines, and participated in local community campaigns, along with consumer organizations, businesses and industries, and many service organizations. Examples of the kinds of local efforts which were generated by this effort were a program in Eureka, CA, where a local foundation contributed $20,000 for the purchase of smoke detectors, the Area Agency on Aging, with the help of local organizations, identified persons over 60 who needed them, and local fire departments did the installations. In another community, a medical center purchased 325 smoke detectors for the elderly living in the community surrounding the medical center, and the Firefighters Union donated time to install the detectors. The smoke detector campaign continued through September 1984, and getting smoke detectors to the homes of elderly persons continues to be a major goal of the program.

In fiscal year 1983, the Commission made its toll-free Hotline even more accessible to consumers by changing the number to the easy-to-remember acronym 800/638-CPSC. The Hotline, which serves all States, Puerto Rico, and the Virgin Islands, gives older consumers an easy way to contact the Commission for information about hazardous products, recalls or safe use of consumer products. The Commission also maintains a teletypewriter for hearing-impaired persons, with a toll-free number of 800/638-8270 (Maryland only: 800/492-8104.)

ITEM 17. ENVIRONMENTAL PROTECTION AGENCY

DECEMBER 20, 1985.

DEAR MR. CHAIRMAN: I am pleased to respond to your request of October 31, 1985, and have enclosed a report on the continuing success of older worker activities at the Environmental Protection Agency.

Sincerely,

LEE M. THOMAS, *Administrator.*

Enclosure.

1985 SENIOR ENVIRONMENTAL ASSISTANCE ACTIVITIES REPORT

The Senior Environmental Employment (SEE) Corps was created in concert with State environmental agencies and the financial aid of the Administration on Aging, Department of Health and Human Services. The corps has provided meaningful part-time employment to several hundred older Americans in jobs relating to the prevention, abatement, and control of environmental pollution. The jobs include surveying toxic chemicals used in industrial areas, educating the public on areawide water quality planning, establishing and enforcing noise abatement control programs, establishing and managing agency environmental libraries, presenting educational programs on the use of pesticides and the hazards of poisoning to farm workers, and working on surveys of environmental carcinogens. EPA is utilizing SEE Corps participants at all levels of government and benefiting from their experiences and knowledge in the prevention, abatement, and control of environmental pollution.

Our Office of Toxic Substance has found older workers, with their vast experience in dealing with people, do an excellent job relating to top managers in schools, school boards and state offices of public instruction on the possible hazards of asbestos materials in public buildings and monitoring for compliance to the regulations. Our Office of Monitoring Systems and Quality Assurance has found that using older workers in crisis situations, such as Three-Mile Island and Love Canal, lessen the problems of creating a special workforce to meet such circumstances. Under the SEE Corps, qualified older workers can be recruited on short notice to assist in work to be done in similar crises.

Our former Office of Noise Abatement and Control developed a cadre of senior citizens to combat noise pollution. Some were volunteers and are still serving as noise counselors in 50 or more communities throughout the country. Other older workers, who are paid by Department of Labor Title V funds, are serving as noise representatives, giving technical assistance to States and communities or assisting in noise surveys and public education. Yet another SEE Corps program deals with solid and hazardous waste disposal methods. The senior citizens work with Federal, State, and local governments, and civil organizations to establish proper disposal procedures for the waste.

The underground storage tank program which requires the identification of underground storage tanks, materials contained in them and when necessary the removal, proved to be ideally suited for the senior citizen. Who better knows where these tanks are buried than someone who has lived in the area for 50-odd years.

The ever-increasing numbers of foreign cars being imported into this country which require a certification assuring that they meet U.S. safety and emmission standards has increased the workload of the Manufacturers Operations Division dealing with imported cars. EPA looked to the SEE workers to develop training materials to train other senior citizens to do the work. These same SEE workers are also training EPA employees and stay-in-school students to help in the Import Car program.

EPA has supported other environmental activities funded by Title V including older worker programs in Florida, Alabama, California, Iowa, Illinois, New Jersey, and Washington. In addition, through the SEE program, the Agency helped to support poison-alert programs at the local level, and the monitoring of landfills to measure the gases seeping from underground to surface.

EPA has recruited and trained throughout the country a nucleus of senior citizens whom we can call upon from time to time to do surveys to generate pesticide usage data. This allows EPA to establish statistically valid information which will permit States to monitor the kinds and amounts of pesticides being applied and aggregate State data on pesticides.

EPA has developed a film called "SEE—It's Working." It is about SEE workers and how States have benefited from their talents and skills under the SEE Corps. In addition, we have published a pamphlet on the SEE Corps.

With the enactment of the Senior Environment Assistance Act (P.L. 98-313) in 1984, EPA's use of senior citizens under the Act, more commonly referred to as Senior Environment Employment (SEE) Corps, is continually growing. With new legislation and new regulations being written the need and ways senior citizens can be used is never ending, and EPA is very committed to the Senior Environmental Employment (SEE) Corps, utilizing the wealth and experience possessed by older workers. We believe that the SEE Corps provides excellent opportunities for older citizens to participate in the benefits of the program, while improving environmental quality for everyone.

ITEM 18. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

JANUARY 7, 1986.

DEAR SENATOR HEINZ: Enclosed is the Equal Employment Opportunity Commission's report on the enforcement of the Age Discrimination in Employment Act (ADEA).

Sincerely,

PHYLLIS BERRY, *Director.*

Enclosure.

INTRODUCTION

The Equal Employment Opportunity Commission (EEOC) is responsible for enforcing and implementing the Age Discrimination in Employment Act of 1967, as amended, which prohibits both public and private sector employment discrimination on the basis of age. The ADEA covers both private and State and local government employees between 40 and 70 years or age and employees in the Federal sector who are 40 or more years of age.

In fiscal year 1985, the Commission filed 96 lawsuits under the ADEA. This is the largest number of ADEA lawsuits filed by the Federal Government in any 1-year period since the ADEA was enacted in 1967.

INITIATIVES

This record number of ADEA lawsuits is a direct result of the emphasis which the Commission has placed on the certainty and predictability of law enforcement.

According to statute, regulations, and Commission procedures, the Office of General Counsel can only conduct litigation in which the Commission is a party after there has been an investigation of the alleged discrimination, an attempt to resolve the matter by conciliation, unsuccessful conciliation, recommendation by the District Office and General Counsel to file suit and Commission authorization to initiate an action or proceeding in Federal court.

On September 11, 1984, the Commission promulgated a Statement of Enforcement Policy which decleard, "every case in which the District Director has found that one or more of our statutes has been violated should be submitted to the Commission for litigation consideration if attempts at conciliation fail." In October 1984, the Office of General Counsel of Office of Program Operations issued interim guidance on the implementation of the Statement of Enforcement Policy. These procedures became effective on November 1, 1984. Concurrently, the Office of General Counsel and the Office of Program Operations established various internal procedures to develop effective litigation.

RECOMMENDATIONS TO FILE SUIT

By the end of fiscal year 1985, the 22 District Offices had submitted 227 recommendations based on failures of conciliation, under the ADEA to the Office of General Counsel. These represented almost one-third of the 708 total recommendations received during the fiscal year. The General Counsel forwarded 149 of the recommendations to the Commission; however, nearly 20 percent were recommendations not to litigate. The Commission approved 88 ADEA suits, 4 concurrent suits and 9 preliminary relief actions. The remaining cases were received too late in the fiscal year to be reviewed completely by the Office of General Counsel.

SUITS FILED

The 96 suits on the merits filed under the ADEA are more than 46 percent more suits than the 67 suits which were filed in fiscal year 1984. They also surpass the prior record of 89 suits filed in fiscal year 1981. A summary of each suit, by date filed, is shown in Attachment I.[1]

In addition to these direct suits and interventions, the Commission maintained an active Appellate and *amicus curiae* docket. Of the 89 Appellate briefs filed in fiscal year 1985, 30 briefs, or 34 percent, were filed under ADEA. The following is a short summary of the most significant issues which were presented in the Supreme Court and the Courts of Appeals filed under the ADEA during fiscal year 1985. Some of the cases have already been decided, while others are still pending.

Western Airlines v. *Criswell,* (S. Ct.) the Ninth Circuit affirmed a judgment based on a jury's verdict in favor of employees of Western Airlines who were forced to retire from their positions as flight engineers at age 60, or who were denied permission to transfer into flight engineer positions from pilot positions because they were over 60. The court concluded that the district court properly instructed the jury on the elements of the BFOQ defense.

We argued that: (1) the standards for a bona fide occupational qualification applied below properly reflect the requirements of the Age Discrimination in Employment Act and are consistent with the safety responsibilities of public carriers; and (2) because plaintiff employees have demonstrated a company policy of differences in treatment between older and younger workers, the employer has the burden of proving that those differences are due to reasonable factors other than age.

The Court adopted the Commission's position. (See decision summary p. 298.)

EEOC & Johnson v. *Mayor & City Council of Baltimore,* (S. Ct.) the Fourth Circuit upheld the mandatory retirements of Baltimore City firefighters at ages 55 and 60 on the ground that a BFOQ was established as a matter of law by an unrelated Federal retirement statute relating solely to the mandatory retirement of Federal firefighters.

We argued that the Federal civil services statute, authorizing age 55 retirement of Federal firefighters, does not establish a per se BFOQ for city firefighters under the ADEA; that the city's factual arguments were irrelevant to the question presented in the Supreme Court; that the legislative history of the ADEA makes clear that individualized determinations of a BFOQ are required rather than blanket occupational exceptions; and that nothing in the Federal retirement statute indicates a congressional intent to have the retirement provisions apply to non-Federal employees.

The Court agreed with our position. (See decision summary p. 298.)

EEOC v. *Commonwealth of Pennsylvania,* (3rd Cir.) the lower court found that defendants proved that mandatory retirement of Pennsylvania State police officers at age 60 was a BFOQ, and that mandatory retirement policies for Federal law enforcement personnel did not create a BFOQ as a matter of law.

We argued that, since the defendants' stated job qualifications diverged greatly from their actual practices, those stated qualifications were not a proper basis for a BFOQ analysis. We contended that the court's holding that defendants have proved a BFOQ was clearly erroneous under Third Circuit law since it bore "no rational relationship" to the evidence in the case. We also specifically rebutted defendants' contentions regarding the tasks performed by officers, the validity of the fitness test administered in 1983, and the practicality of testing officers individually for health and fitness.

Additionally, we contended that the text and legislative history of the ADEA, as well as most of the relevant case law, mandated that a BFOQ not be established without a specific factual showing. We also argued that nothing in the legislative history of the Federal mandatory retirement acts indicate congressional intent that they serve as models for the BFOQ. The court remanded the case for specific findings on the BFOQ issue. (See decision summary p. 298.)

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[1] See p. 299.

The Court remanded the case for specific findings on the BFOQ issue. (See decision summary p. 298.)

Hahn & EEOC v. *City of Buffalo,* (2nd Cir.), the district court held that a New York statute which prohibited the hiring of police officers over the age of 35 violated the ADEA. The Commission argued that the district court did not clearly err in finding that age 35 was not a BFOQ for hiring police officers, and that the court correctly held that Federal statutes authorizing age limitations on Federal law enforcement employment create no per se BFOQ's for similar State and local jobs.

The Court adopted the Commission's position. (See decision summary p. 298.)

EEOC v. *Cargill,* (10th Cir.), the district court granted summary judgment to Cargill on the ground that its policy of denying disability benefits to employees age 60 and over was justified under § 4(f)(2) of the Age Act. The district court held that Cargill's policy was not a subterfuge to evade the purposes of the Act within the meaning of § 4(f)(2) because the disability benefit plan pre-dated the Act.

We argued that the district court mistakenly relied upon *United Air Lines* v. *Mc Mann,* 434 U.S. 192 (1977), as support for that proposition. Shortly after *Mc Mann* was issued, Congress passed an amendment to § 4(f)(2) to overrule that decision. The amendment's legislative history makes clear that Congress disagreed with both the result in *Mc Mann* and its reasoning that pre-Act plans were per se not a subterfuge.

Moreover, the 1978 legislative history confirms the original purpose of § 4(f)(2)—to allow employers to make differentiations in benefit plans necessitated by age-related differences in the cost of providing benefits. The district court ignored the purposes of § 4(f)(2), as well as the administrative guidelines (29 C.F.R. 860.120) construing that provision. Cargill made no attempt to justify its policy as a reduction in benefits necessitated by age-related costs and sanctioned by the administrative guidelines. Therefore, summary judgment should have been denied.

RESOLUTIONS

During fiscal year 1985, 44 lawsuits filed under the ADEA were resolved for nearly $17 million in monetary benefits. One suit, involving substantial monetary relief, is particularly noteworthy: the New York District Office resolved an ADEA suit against Equitable Life Assurance for $12.5 million in monetary benefits for more than 360 persons who were allegedly terminated unlawfully because of their age. Other significant resolutions include the following cases:

EEOC v. *American Can.*—This ADEA suit was resolved by settlement agreement providing $27,000 in monetary benefits for eight individuals who were forced to retire because of their age.

EEOC v. *Automatique, et al.*—In this age and sex discrimination case the consent decree obtained enjoined the company from discriminating in assignments, promotions, layoffs, and other terms and conditions of employment. This plan coverd both past, present, and future employees. Past and present employees were given past credited service.

EEOC v. *Borough of Coraopolis.*—This ADEA suit alleged unlawful involuntary retirement. Charging party and one other employee were involuntarily retired because of their age and their eligibility for retirement benefits. A settlement agreement reached here provided $115,500 in monetary relief.

EEOC v. *Co. of L.A.*—This ADEA case involved a mandatory retirement policy (age 60) as it applies to "safety members" in the defendant's employ. Plaintiff's motion for summary judgment was granted and permanent injunction issued. The amount of damages is still pending. The relief is estimated to be approximately $63,200.

EEOC v. *Equitable Life Assurance.*—This ADEA suit involved allegations of mass terminations of individuals on the basis of age. The settlement agreement which resolved this suit provided a staggering $12.5 million in monetary relief.

EEOC v. *Fairfax County.*—This was an ADEA suit in which we were able to reach a settlement for $26,000 and a job offer for the charging party who was denied an auditor's position because he was 56 years old.

EEOC v. *Florida Highway Patrol* (N.D. Fla. 1985).—This case involved the EEOC's challenge to the Florida Highway Patrol's age 62 mandatory retirement age for its uniformed patrol officers. After a nonjury trial, Judge Stafford, the presiding judge for the Northern District of Florida, ruled from the bench in favor of the Commission. He held that the mandatory retirement age of 62 violated the ADEA.

EEOC v. *Ford Motor Company.*—This was an ADEA case involving unlawful demotion and forced early retirement on the basis of age. We were able to reach a settlement agreement providing $75,000 in monetary benefits.

EEOC v. *Hammond Housing.*—The Commission filed this ADEA action on behalf of a printer-foreman terminated by defendant. The court entered a consent decree in which Defendant was ordered to pay Mr. Holman $150,000 in three installments with 10.08 percent on the outstanding balance and to pay the Commission $2,633 for costs.

EEOC v. *Hampton Institute.*—We brought this case to successful closure after trial. The suit alleged that the college violated the ADEA by maintaining a policy of involuntarily retiring non-tenured employees at age 65. We obtained $56,000 in monetary benefits.

EEOC v *Marathon County.*—This ADEA suit involved mandatory retirement at age 55. A settlement agreement was reached amounting to $14,200.

EEOC v. *NBC.*—This ADEA suit alleged seven individuals were denied the opportunity to transfer from their positions on the film crew to engineer positions. The suit was resolved when we were able to obtain a settlement agreement providing $10,000 in monetary relief.

EEOC v. *Nash Phillips Copus.*—This Commission action alleged that the charging party was not hired in the position of Construction Superintendent because of his age, 63. We took a dismissal in this case after we were able to reach an $11,500 settlement agreement.

EEOC v. *Natural Gas Pipeline Co.*—The Commission brought this suit under the ADEA alleging that defendant's practice of retiring corporate aircraft pilots at age 60 was unlawful. The Commission obtained monetary relief via settlement agreement in the amount of $15,000 for three persons.

EEOC v. *Newark Bd. of Education.*—This was an ADEA suit in which we alleged that the charging party was denied health care benefits after he reached 65 on the basis of his age. The suit was resolved by a settlement agreement providing $4,000 in monetary relief.

EEOC v. *North Stabane Twp.*—This ADEA suit alleged charging party was unlawfully forced to retire because he had reached age 62. A settlement agreement was obtained providing $8,500 in monetary relief.

EEOC v. *Old Dominion.*—Settlement agreement was obtained in this age/discharge case for $18,000.

EEOC v. *Oregon State Department of Corrections.*—The State of Oregon had maintained a policy of mandatory retirement at age 60 for all "public safety" personnel, including people working, for example, as librarians. EEOC brought suit on behalf of six identified individuals, brought about policy change and full relief for over $150,000 for affected persons.

EEOC v. *Robertson Heating.*—This ADEA suit involving involuntary retirement was resolved by consent decree providing $8,000 in benefits.

EEOC v. *Swindell Rust.*—The charging party, age 64, was laid off by the defendant from his position as Senior Scheduler in the Scheduling Department. Charging party had 30 years of scheduling experience. Subsequently defendant recalled a younger, less experienced scheduler without recalling the charging party. Our suit alleged that defendant violated the ADEA in defendant's layoff and failure to recall charging party to a scheduler position. Subsequently, defendant reinstated charging party with full benefits. The settlement agreement reached provided $7,500 in monetary benefits.

EEOC v. *Timex Corp.*—This suit alleged that the employer unlawfully required persons receiving severance pay to waive their rights under ADEA. A consent decree obtained provided monetary relief amounting to $11,000 and ordered discontinuance of the waiver requirement.

SUMMARY

The following is a short summary of the central holdings of decisions rendered by the Supreme Court and the Courts of Appeals under the ADEA.

Supreme Court

Trans World Airlines, Inc. v. *Thurston & EEOC,* —S. Ct. —, 36 FEP Cases 977 (1985). The Commission participated as a plaintiff-intervenor in this case in which the Supreme Court held that TWA violated the Age Discrimination in Employment Act by erecting barriers which impeded age 60 pilots from downbidding into flight engineer positions. The case is significant, among other things, for its holding that the mode of analysis for proving discrimination claims through circumstantial evidence does not apply where there is direct evidence of discrimination. The court also made clear that a "willful" violation of the ADEA, for purposes of awarding liquidated damages, is one in which the employer knew or showed reckless disregard for the matter of whether his actions violated the Act.

Johnson & EEOC v. *Mayor and City Council of Baltimore*, 105 S.Ct. 2717 (1985). The Supreme Court reversed a court of appeals decision which held that Baltimore's mandatory retirement of firefighters at age 55 was valid under the ADEA because a federal civil service provision required some Federal firefighters to retire at that age. In holding that unrelated federal statutes have no bearing on the ADEA, the court agreed with the Commission which, as intervening plaintiff, had succeeded in overturning the mandatory retirement provision in the trial court.

Western Airlines, Inc. v. *Criswell*, 105 S.Ct. 2743 (1985). In affirming a finding that the mandatory retirement of pilots at age 60 violates the ADEA, the court upheld and applied the standards for estalishing the Bona Fide Occupational Qualification (BFOQ) exception to the ADEA set forth in the Commission's regulations. This case has far-reaching consequences in that the court agreed with the very strict test for finding a BFOQ which had been advanced by the Commission as *amicus curiae* and which requires employers to justify age restrictions with factual proof.

Courts of Appeals

Hahn and EEOC v. *City of Buffalo*, 770 F.2d 12 (2nd Cir. 1985). The Second Circuit upheld an ADEA judgment in favor of the Commission declaring invalid a New York law prohibiting the hiring of individuals over age 29 as police officers.

EEOC v. *County of Allegheny*, 760 F.2d 255 (3rd Cir. 1985). The Third Circuit upheld an ADEA judgment in favor of the Commission awarding backpay and liquidated damages to claimants who were not allowed to sit for the county's police examination because of their age.

EEOC v. *Commonwealth of Pennsylvania*, 768 F.2d 514 (3rd Cir. 1985). The Third Circuit reversed a district court decision that a mandatory retirement age of 60 for Pennsylvania State Police is a BFOQ under the ADEA. Noting serious questions about the adequacy of factual support for the age 60 restriction, the court of appeals directed the district court to make particularized factual findings on whether a BFOQ was established.

EEOC v. *Fox Point-Bayside School District*, (7th Cir., August 29, 1985). The Seventh Circuit reversed a district court decision holding that the mandatory retirement of a 65-year-old teacher violated the ADEA. The panel held that the 1978 ADEA amendments did not apply to this case and that, under § 4(f)(2) prior to the amendments, the mandatory retirement was lawful since the school district was observing the terms of a bona fide retirement plan which was not a subterfuge to evade the purposes of the Act.

EEOC v. *Chrysler Corp.* 759 F.2d 1523 (11th Cir. 1985). The Eleventh Circuit affirmed the district court in this ADEA case and held that the EEOC has a right to a jury trial. The court, relying on the fact that the ADEA incorporates section 626(b) of the FLSA which provides the right to trial by jury, rejected the defendant's contentions that section 626(c), which defines "person," does not include the government. The court determined that nothing in the legislative history of the section could be read to preclude trials by jury in actions brought by the EEOC, nor was there any suggestion in the history of the legislation that private actions should be different from actions by the EEOC.

EEOC v. *Western Electric*, (5th Cir., May 9, 1985). The Fifth Circuit in an unpublished opinion reversed the district court's award of $185,000 in attorneys' fees against the Commission in this ADEA suit. The record contains no direct evidence of "bad faith", thus the court considered whether the case was so weak and the preparation so lacking that bad faith could be inferred, and determined that it could not.

EEOC v. *Wyoming Retirement Board*, 771 F.2d 1425 (10th Cir. 1985). The Tenth Circuit affirmed the district court's order granting relief to five of the six claimants in this ADEA suit challenging the state's age 65 mandatory retirement system. The appellate court thus rejected Wyoming's challenges to these liability findings as well as the Commission's cross-appeal challenging the denial of liquidated damages and the denial of relief to the sixth claimant.

EEOC v. *United Airlines, Inc.*, 736 F.2d 394 (7th Cir. 1984). The Seventh Circuit reversed the district court's grant of summary judgment to the Commission and directed that the Commission's complaint in this ADEA suit be dismissed in its entirety. United relied on section 2(b) of the 1978 ADEA amendments which stated that the amendments became effective on January 1, 1980, or the termination of the current collective bargaining agreement, whichever came first. The Commission argued (1) that Section 2(b) was not applicable, and (2) if applicable, the contract terminated prior to the forced retirements at issue. However, the court of appeals rejected both arguments.

Castle v. *Sangamo Weston,* 744 F.2d 1464 (11th Cir. 1984). The Eleventh Circuit ruled that a private plaintiff's suit brought under § 7(c)(1) of the ADEA was not extinguished by a subsequent Commission action, notwithstanding § 7(c)(1)'s language providing for the termination of the right to bring or institute a private action upon the filing of a similar Commission suit.

The Commission participated as *amicus curiae* in this case.

ATTACHMENT 1

AGE DISCRIMINATION IN EMPLOYMENT ACT LAWSUITS FILED DURING FISCAL YEAR 1985

During fiscal year 1985, the Commission filed 96 lawsuits under the Age Discrimination in Employment Act (ADEA), an increase of almost 50 percent over the 67 actions filed in fiscal year 1984. This is the largest number of ADEA lawsuits filed by the Federal Government in any 1-year period since the ADEA was enacted in 1967, and surpasses the prior record of 89 lawsuits filed in fiscal year 1981. The following is a brief summary of complaint allegations in the 96 ADEA lawsuits filed by the Commission during fiscal year 1985.

Ravakesh, Inc. E.D. Wis., No. 84-C-1259, filed Oct. 4, 1984, Milwaukee DO. Termination of four older waitresses (ages 55-67) and replacement by younger hirees (ages 22-30) for overtly age discriminatory reasons.

Westinghouse Electric Corp. E.D. Pa., No. 84-4799(K), filed Oct. 5, 1984, Philadelphia DO. Challenge to policy of denying retirement-eligible employees (age 55 and older) any severance benefits when subject to permanent layoff.

Biltmore Dairy Farms, Inc. W.D. N.C., No. C-C-84-353-M, filed Oct. 9, 1984, Charlotte DO. Challenge to policy of refusing to provide any insurance coverage for employees who become totally disabled after attaining age 60.

Doral Beach Hotel Corp. S.D. Fla., No. 84-2472-C, filed Oct. 18, 1984, Miami DO. Discharge of four front desk employees (ages 48-66) and replacement by younger hirees (ages 22-23) to obtain "a more youthful image."

New York Telephone & Telegraph Co. S.D. N.Y., No. 84-CIV-7582, filed Oct. 19, 1984, New York DO. Refusal to credit post-"normal retirement age" (post-age-65) service in determining eligibility to receive ancillary retirement benefits, such as free telephone service.

IGW Systems, Inc. S.D. Ind., No. IP-84-1422, filed Oct. 23, 1984, Indianapolis DO. Statistical evidence, confirmed by some anecdotal evidence, showing that a disproportionate share of salaried employees age 55 or older were terminated during a reduction-in-force.

Washington State Patrol. W.D. Wash., No. C-84-683T, filed Oct. 24, 1984, Seattle DO. Challenge to policies of refusing to hire applicants over age 35 as State patrol officers, and of retiring all such officers at age 60.

Swindell Rust Division, Rust Int'l Corp. W.D. Pa., No. 84-2636, filed Oct. 31, 1984, Philadelphia DO. Layoff and failure-to-recall an employee, age 64, while younger and less senior colleagues were retained in or recalled to the same job as a scheduler.

Trabucco, Commissioner of Public Safety. D. Mass., No. 84-3566-T, filed Nov. 8, 1984, New York DO. Challenge to policy of refusing to consider persons age 30 or older for possible employment as State police officers.

California Public Employees Retirement System. E.D. Cal., No. S-84-1533-LKK, filed Nov. 15, 1984, San Francisco DO. Challenge to State law requiring municipal governments to retire all public-safety employees at age 60.

State of Oregon, Department of Human Resources. D. Ore., No. C84-1388, filed Nov. 15, 1984, Seattle DO. Action seeking make-whole relief for correction officers who were involuntarily retired at age 60 pursuant to a former State law.

Snohomish County. W.D. Wash., No. C84-1574, filed Nov. 20, 1984, Seattle DO. Challenge to policy of refusing to consider applicants age 35 or older for possible employment in the position of deputy sheriff.

Township of Tinicum. E.D. Pa., No. 84-5946, filed Dec. 5, 1984, Philadelphia DO. Challenge to State law requiring local governments to retire pension eligible public-safety employees as a first step in any layoff.

L.B. Kaye Management, Inc. S.D. N.Y., No. 84-CIV-8609-CBM, filed Dec. 7, 1984, New York DO. Threatened discharge of building superintendent, age 62, because of overt age-discriminatory bias on part of directors of a condominium association.

City of New York Police Department. S.D. N.Y., No. 84-CIV-8988, filed Dec. 14, 1984, New York DO. Challenge to policies of refusing to consider applicants over age 29 for employment as police officers, and of requiring such officers to retire at age 63.

Cook County Dep't of Corrections. N.D. Ill., NO. 84-C-10886, filed Dec. 21, 1984, Chicago DO. Challenge to policy of requiring correctional officers to retire at age 65.

Michigan Osteopathic Medical Center. E.D. Mich., No. 84-CV-05850-DT, filed Dec. 21, 1984, Detroit DO. Involuntary transfer and threatened discharge of individual, age 53, because he had filed an ADEA charge concerning an earlier demotion.

Orleans Materials and Equipment Co. E.D. La., No. 84-6060, filed Dec. 21, 1984, New Orleans DO. Statistical evidence, confirmed by some anecdotal evidence, showing that a highly disproportionate share of production employees age 60 and older were laid off during a reduction-in-force.

County of Los Angeles Fire Department. C.D. Cal., No. CV-84-9853, filed Dec. 27, 1984, Los Angeles DO. Threat to involuntarily retire a Deputy Fire Chief, upon attaining age 60, pursuant to a State law.

City of Burbank. C.D. Cal., No. CV-85-0211(TJH), filed Jan. 10, 1985, Los Angeles DO. Threat to involuntarily retire a Police Detective, upon attaining age 60, pursuant to a State law.

Northwest Airlines, Inc. & Air Line Pilots Ass'n. W.D. Wash., No. C85-0036, filed Jan. 10, 1985, Seattle DO. Refusal to permit pilots to use flight-crew seniority to bid into flight engineer positions, in order to avoid retirement because of the FAA's "Age 60" rule for pilots.

City of Oxnard. C.D. Cal., No. CV-85-0267-AWT, filed Jan. 11, 1985, Los Angeles DO. Involuntary retirement of Fire Chief at age 60, pursuant to a State statute.

City of Spencer. W.D. Okla., No. CIV-85-118-R, filed Jan. 14, 1985, Dallas DO. Challenge to policy of refusing to consider applicants age 45 or older for possible employment as firefighters

Louisiana Dep't of Wildlife and Fisheries. M.D. La., No. 85-29-SA, filed Jan. 14, 1985, New Orleans DO. Challenge to State law requiring all "Wildlife Enforcement Agents" to retire upon attaining age 65.

Governor Mifflin School District & Gov. Mifflin Educational Ass'n. W.D. Pa., No. 85-0241, filed Jan. 16, 1985, Philadelphia DO. Challenge to salary "compaction" agreement providing larger annual pay increases for new teachers, at the expense of smaller increases for more senior teachers.

Siemens-Allis, Inc.; Antonopoulos (& EEOC, intervenor) v. E.D. Wis., No. 84-C-0853, intervened Jan. 29, 1985, Milwaukee DO. Engineer, age 55, laid off because of retirement eligibility in lieu of laying off a less experienced and less senior colleague, age 35.

Mora Financial Corp. C.D. Cal., No. CV-85-0736-JMI, filed Jan. 31, 1985, Los Angeles DO. Discharge of two waitresses and a hostess (ages 41-46) and replacement by younger hirees (under age 30).

Otis Elevator Company. S.D. N.Y., No. 85-CIV-1030, filed Feb. 6, 1985, New York DO. Challenge to policies of (1) forcing pension-eligible employees to retire in a layoff situation, and (2) denying severance benefits to such involuntarily retired employees.

University of Texas at El Paso. W.D. Tex., No. EP-85-CA-44, filed Feb. 8, 1985, Dallas DO. Failure or refusal to select a lecturer, age 60, for a tenure track position as an assistant professor for an overtly age-discriminatory reason.

Wheeling-Pittsburgh Steel Corp. W.D. Pa., No. 85-0346, filed Feb. 11, 1985, Philadelphia DO. Selection of three foremen (ages 55, 61, 62) for permanent layoff, because they were eligible for retirement, while retaining less experienced and less senior foremen who were not retirement-eligible.

Morrison-Knudsen, Inc. D. Idaho, No. 85-1055, filed Feb. 22, 1985, Seattle DO. Challenge to policy of mandatorily retiring company airplance pilots at age 62.

White County Highway Department. N.D. Ind., No. L85-0031, filed Feb. 26, 1985, Indianapolis DO. Challenge to policy of mandatorily retiring road maintenance workers and truck drivers at age 65.

Louisiana-Pacific Corp. D. Ore., No. CV85-356, filed Feb. 27, 1985, Seattle DO. Termination during a reorganization of seven employees, ages 55-60, because of a stated belief that there were "too many old people" in middle management.

ACF Industries, Inc. & United Auto Workers, Local 819. E.D. Mo., No. 85-0479-C-3, filed Feb. 28, 1985, St. Louis DO. Challenge to policy of denying severance pay to employees/members who were eligible for retirement when permanently laid off.

United States Steel Corp., Oilwell Division. W.D. Pa., No. 85-0520, filed Mar. 5, 1985, Philadelphia DO. Failure to recall a foreman, age 55, in preference to a less senior and less experienced colleague, age 30.

Amtrak, National Railroad Passenger Corp. S.D. N.Y., No. 85-CIV-1804, filed Mar. 7, 1985, New York DO. Demotion of employee, age 68, from management to a nonmanagement job for overtly age-discriminatory reasons.

North Carolina Dep't of Crime Control and Public Safety. E.D. N.C., No. 85-433-CIV-5, filed Mar. 18, 1985, Charlotte DO. Challenge to policies of refusing to consider applicants age 33 or older for employment as Highway Patrol officers, and of requiring all such officers to retire at age 62.

Varco-Pruden Buildings, Division of AMCA Int'l Corp. M.D. N.C., No. 85-328-WS, filed Mar. 18, 1985, Charlotte DO. Termination of secretary, age 52, for an overtly age discriminatory reason and replacement by a newly hired individual, age 28.

City of Bowling Green. W.D. Ky., No. C85-00056-BG(S), filed Mar. 20, 1985, Memphis DO. Challenge to policy of mandatorily retiring all police officers and firefighters at age 57.

City of Daly City. E.D. Cal., No. S85-0416, filed Mar. 20, 1985, San Francisco DO. Involuntary retirement of a police dispatcher at age 60, pursuant to State law.

Baptist Medical Center. W.D. Mo., No. 85-0290-CF-W-9, filed Mar. 20, 1985, St. Louis DO. Failure to promote employee, age 53, into a "utility worker" job in preference to a less senior employee, age 23, for an overtly age discriminatory reason.

Erie Community College. W.D. N.Y., No. 85-CIV-0368E, filed Mar. 20, 1985, New York DO. Failure to promote employee, age 61, to any of several supervisory mechanic positions for which he was well qualified, and the promotion instead of younger and less senior colleagues.

Bethlehem Steel Corp. D. Md., No. N-85-1227, filed Mar. 22, 1985, Baltimore DO. Failure to recall employee, age 61, in preference to a less senior employee, age 28,for an overtly age discriminatory reason.

Allis-Chalmers Corp. W.D. Ky., No. 85-0313-L-A, filed Mar. 26, 1985, Memphis DO. Challenge to policy of limiting or denying severance benefits to retirement-eligible employees who are subject to permanent layoff.

State of Texas Purchasing and General Services Commission. W.D. Tex., No. A-85-CA-185, filed Mar. 29, 1985, Houston DO. Refusal to hire applicant, age 61, for "security officer" position for an overtly age discriminatory reason.

City of Charlotte. W.D. N.C., No. C-C85-245-M, filed Apr. 11, 1985, Charlotte DO. Challenge to policies of refusing to consider applicants over age 30 for employment as firefighters, and requiring all such employees to retire at age 65.

International Mill Service, Inc., E.D. Pa., No. 85-2250, filed Apr. 22, 1985, Philadelphia DO. Statistical evidence, confirmed by strong anecodtal evidence, that older middle management employees were terminated during a workforce reduction.

City of Klamath Falls. D. Ore., No. 85-813KF, filed Apr. 23, 1985, Seattle DO. Involuntary retirement of a firefighter at age 60, pursuant to a State law.

Georgia Department of Transportation. N.D. Ga., No. C85-2784A, filed May 1, 1985, Atlanta DO. Challenge to State law requiring "Transportation Safety Officers" to retire at age 65.

City of Detroit. E.D. Mich., No. 85-CIV-71984-DT, filed May 3, 1985, Detroit DO. Challenge to city charter provision establishing an age-60 mandatory retirement policy for police officers and firefighters.

Detroit Fire Fighters Ass'n v. City of Detroit (&EEOC, intervenor). Mich. Cir. Ct., No. 84-433272-CL, intervened May 3, 1985, Detroit DO Intervened as defendant in State court action seeking enforcement of a city charter provision requiring firefighters to retire at age 60. Case involves validity of an EEOC settlement agreement.

Newcomer Products, Inc. W.D. Pa., No. 85-1120, filed May 5, 1985, Philadelphia DO. Layoff of the oldest clerical employee, age 60, for an overtly age discriminatory reason.

United States Steel Corp., Thermal & Mechanical Processing Division. W.D. Pa., No. 85-1136, filed May 9, 1985, Philadelphia DO. Layoff of one of the oldest and most senior project analysts, while retaining less qualified and younger colleagues.

Norton Lilly & Company. N.D. Ohio, No. C85-1384, filed May 10, 1985, Cleveland DO. Termination of salesman, age 62, and retention of a less experienced colleague, age 25, for overtly age discriminatory reasons.

Georgia Department of Public Safety. N.D. Ga., No. C85-2961A, filed May 15, 1985, Atlanta DO. Challenge to State law prohibiting the hiring of any applicant over age 36 as a State Police officer, and requiring all such officers to retire upon attaining age 55.

The Big Picture Company. W.D. Tex., No. 85-CA-1801, filed June 3, 1985, Houston DO. Refusal to hire four photographers, ages 44-55, for government contract work, even though they worked for prior contractor and even though two others, ages 28 and 33, were rehired by new contractor.

Headco Industries, Inc.; Ouesnel (&EEOC, intervenor) v. D. Minn., No. 5-83-388, intervened June 6, 1985, Milwaukee DO. Termination of a sales representative, age 64, for overtly age discriminatory reasons.

Timex Corp. E.D. Ark., No. 85-2511, filed June 7, 1985, New Orleans DO. Challenge to policy of denying severance pay to terminated employees who refused to sign form releases waiving their ADEA rights.

State of New Jersey. D. N.J., No. 85-2905, filed June 12, 1985, Philadelphia DO. Challenge to new State law requiring State Police officers to retire at age 55, including incumbent officers already over that age.

City of Baytown & State of Texas. S.D. Tex., No. H-85-3477, filed June 18, 1985, Houston DO. Challenge to State law prohibiting local governments from hiring any individuals age 36 or older for a "beginning" police officer positions.

Pembroke Construction Company. E.D. Va., No. 85-93-NN, filed June 21, 1985, Baltimore DO. Discharge of mechanic, age 63, for pretextual reasons and despite retention of several younger and much less experienced mechanics.

City of Ligonier & State of Indiana. N.D. Ind., No. F85-0259, filed June 24, 1985, Indianapolis DO. Challenge to State law which prohibits municipal governments from hiring persons age 36 or older for employment as police officers.

City of Jackson. S.D. Miss., No. J85-0650-L, filed June 26, 1985, Birmingham DO. Challenge to policies of refusing to consider persons age 35 or over for employment as police officers or firefighters, and of requiring such employees to retire at age 60 (or, with permission, at age 65).

City of St. Petersburg. M.D. Fla., 85-1081-CIV-T-17, filed June 27, 1985, Miami DO. Challenge to policy of requiring police officers and firefighters to retire at age 55 (or, with permission, at age 60).

Furlow-Laughlin Equipment, Inc. E.D. La., No. 85-2827, filed June 27, 1985, New Orleans DO. Termination and failure to rehire mechanic, age 56, for pretextual reasons, while retaining and hiring younger mechanics.

Vermont Department of Public Safety. D. Vt., No. 85-166, filed June 27, 1985, New York DO. Challenge to policies of refusing to consider applicants over age 34 for employment as State Police officers, and of requiring all such officers to retire at age 55.

City of Gulfport. S.D. Miss., No. S85-0813(N), filed June 28, 1985, Birmingham DO. Challenge to policies of refusing to consider persons age 41 or over for employment as police officers and firefighters, and of requiring all such officers to retire at age 65.

Mississippi Dep't of Wildlife Conservation. S.D. Miss., No. J85-0669-B, filed July 1, 1985, Birmingham DO. Challenge to new State law requiring conservation officers to retire at age 62, including incumbent officers already over that age.

State of Wyoming. D. Wyo., No. C85-0272, filed July 5, 1985, Denver DO. Challenge to State law requiring Highway Patrol officers to retire upon attaining age 55 and completing 25 years of service.

State of Georgia. N.D. Ga., No. C85-3448-A, filed July 8, 1985, Atlanta DO. Challenge to State laws requiring various categories of State public safety employees to retire at ages 55, 60, or 65.

Maryland Transportation Authority. D. Md., No. R85-2946, filed July 10, 1985, Baltimore DO. Refusal to permit highly experienced diver, age 53, to work on State contracts for the inspection of underwater construction projects.

Northwest Orient Airlines, Inc. W.D. Wash., No. C85-1317C, filed July 12, 1985, Seattle DO. Challenge to policy of refusing to consider applicants over age 40 for possible employment as second officers in airline flight crews.

City of New York Fire Department. S.D. N.Y., No. 85-CIV-5601, filed July 15, 1985, New York DO. Challenge to policy of denying firefighters age 65 and older the right to borrow against their accumulated pension contributions.

City of Cincinnati. S.D. Oh., No. C-1-85-1263, filed July 19, 1985, Cleveland DO. Challenge to policies of refusing to consider persons age 31 or over for possible employment as firefighters and persons age 35 or over as police officers.

Dunfey Hotels Corp. D. Minn., No. 4-85-907, filed July 24, 1985, Milwaukee DO. Harassment of three waitresses, ages 52-64, for overtly age discriminatory reasons; and constructive discharge of the oldest waitress, who was then replaced by a newly hired individual in her twenties.

El Paso County Health Department. D. Colo., No. 85-Z-1793, filed July 24, 1985, Denver DO. Failure to hire experienced applicant, age 50, for an environmental officer job which was later offered to an inexperienced applicant, age 28.

Los Angeles Unified School District. C.D. Cal., No. CV-85-4856, filed July 24, 1985, Los Angeles DO. Failure to offer employees aged 65-69 the same group health insurance terms offered to younger employees, as required by so-called "TEFRA" Section 4(g) of the ADEA.

Oxford Properties, Inc. D. Minn., No. 4-85-906, filed July 24, 1985, Milwaukee DO. Termination of numerous older employees, for overtly age discriminatory reasons, and replacement with newly hired younger individuals.

Eddie's Restaurant & R. and K. Durnal. N.D. Ind., No. S85-0440, filed July 25, 1985, Indianapolis DO. Discharge of two waitresses and a hostess, ages 60-68, for pretextual reasons, and replacement with newly hired younger individuals.

McDowell County & State of West Virginia. S. D. W.Va., No. 85-0883, filed July 29, 1985, Philadelphia DO. Termination of three correction officers, ages 48-51, who were "mistakenly" hired contrary to a State statute prohibiting the hiring of individuals over age 45.

Firestone Tire and Rubber Co. & United Rubber Workers, Local 168. W.D. Tenn., No. 85-2675-M-A, filed July 30, 1985, Memphis DO. Challenge to policy of denying severance pay to permanently laid-off employees who are eligible for retirement.

City of Chesapeake & Commonwealth of Virginia. E.D. Va., No. 85-560-N, filed Aug. 14, 1985, Baltimore DO. Challenge to involuntary retirements at age 60, which occurred in accordance with a former State law covering municipal public-safety employees.

City of Chicago Police Department. N.D. Ill., No. 85-C-7281, filed Aug. 16, 1985, Chicago DO. Challenge to policy of refusing to consider persons over age 35 for possible employment as police officers.

Clinton Mills of Geneva, Inc. M.D. Ala., No. 85-T-1005-S, filed Aug. 16, 1985, Birmingham DO. Refusal to hire experienced textile machine operator, age 50, while hiring numerous inexperienced and younger individuals.

Hudson Township. N.D. Ohio, No. C85-2612A, filed Sept. 11, 1985, Cleveland DO. Failure to select part-time police officer, age 50, to fill either of two full-time officer vacancies for overt discriminatory reasons.

City of Yamhill. D. Ore., No. 85-1614, filed Sept. 16, 1985, Seattle DO. Involuntary retirement of correction officer at age 60, pursuant to a subsequently repealed State law.

City of Glendale. C.D. Cal., No. CV-85-6133, filed Sept. 17, 1985, Los Angeles DO. Involuntary retirement of police officer at age 60, pursuant to a State law.

Los Angeles Unified School District. C.D. Cal., No. CV-85-6176, filed Sept. 18, 1985, Los Angeles DO. Involuntary retirement of "security agents" at age 65, pursuant to a State law.

Puget Sound Marketing Corp. W.D. Wash., No. C85-984T, filed Sept. 24, 1985, Seattle DO. Refusal to provide make-whole relief for two applicants, ages 40 and 41, who were denied "courtesy clerk" jobs pursuant to former policy of hiring only persons under age 20.

Bell Transit Company. W.D. Pa., No. 85-2291, filed Sept. 27, 1985, Philadelphia DO. Challenge to policy of denying severance pay to permanently laid-off employees who were eligible to retire when a facility closed.

City of Chicago Fire Department. N.D. Ill., No. 85-C-8327, filed Sept. 27, 1985, Chicago DO. Involuntary retirement of firefighters at age 63, pursuant to former mandatory retirement policy.

G.E.A. Rainey Corp. N.D. Okla., No. 85-C-900-C, filed Sept. 27, 1985, Dallas DO. Denial of any long-term disability insurance coverage for employees aged 65-69, even though an insurer offered to provide limited duration or reduced benefit coverage for such employees at the same per capita group rate as charged for all younger employees.

City of Girard. N.D. Ohio, No. C85-2630-Y, filed Sept. 30, 1985, Cleveland DO. Refusal to hire applicants age 35 or older as police officers, in accordance with a State law.

Fordney Hotel. E.D. Mich., No. 85-CV-10421-BC, filed Sept. 30, 1985, Detroit DO. Discharge of individual, age 41, from his job as "bouncer" at hotel bar/lounge and refusal to rehire that individual for the same job as "door person."

South Carolina Dep't. of Highways and Public Transportation. D. S.C., No. 3:85-2637-15A, filed Sept. 30, 1985, Charlotte DO. Refusal to consider two applicants, age 40, for employment as State Highway Patrol officers, despite alleged removal of age-30 hiring limitation.

United Air Lines, NC. N.D. Ill., No. 85-C-8375, filed Sept. 30, 1985, Chicago DO. Refusal to provide disability benefits to "flight officer" employees who become disabled after attaining age 60.

RECENT COMMISSION ACTIONS

(1) On October 7, 1985, the Commission published a Notice of Proposed Rulemaking (NPRM) to create an exemption under Section 9 of the ADEA allowing employees to waive ADEA rights without Commission supervision so long as such waivers are knowing and voluntary. 50 FR 40870. The NPRM comment period ended on December 6, 1985, and further Commission action with regard to this issue is expected in the near future.

(2) At its meeting on March 5, 1985, the Commission approved proposed regulations which require contributions and crediting to pension plans for employees who work beyond normal retirement age. These proposed regulations, when effective, would rescind the "Special Rules" issued by the Department of Labor (DOL), codified at 29 CFR § 860.120(f)(1)(iv)(B)(1)–(7), which allow the cessation of pension accrual and crediting to pension plans for employees who work beyond normal retirement age. This DOL interpretation was continued in effect by the EEOC after it assumed administrative and enforcement functions over the ADEA in 1979 pursuant to Reorganization Plan No. 1 of 1978.

After approval by the Commission, the proposal was circulated to affected Federal agencies in accordance with the provisions of Executive Order 12067. The proposal will not become effective until: (a) comments from affected Federal agencies have been reconciled; (b) a regulatory impact analysis has been prepared (an expert has been contracted with for assistance in preparing the regulatory impact analysis and its preparation has begun); (c) coordination with the Office of Management and Budget has been completed; (d) the proposal has been published in the Federal Register for public notice and comment. We do not know when this procedure will be completed. Final EEOC rules, if adopted, will be published in the Federal Register. The DOL "Special Rules" remain in effect until the EEOC has issued a final rule on this subject. The proposed regulations, which would be codified at 29 CFR § 1625.20, apply to private and public (except for Federal) employers.

(3) On September 30, 1985, the Commission voted unanimously to rescind its interim regulations implementing section 4(g) of the ADEA [1] and to withdraw its February 12, 1985, approval of a new proposed regulation interpreting that same section. The withdrawal of the proposed regulation was effective upon the vote since that proposed regulation had never been officially published in the Federal Register. The rescission of the interim regulation was effective when published in the Federal Register on December 11, 1985, at 50 FR page 50614. It provided notice that the Department of Labor Interpretative Bulletin (29 CFR § 860.120, 44 FR 30468), predating section 4(g), cannot be relied on to define the rights of employees under section 4(g).

(4) The Commission issued one opinion letter under the ADEA in 1985. This Opinion Letter, EEOC–OL–6, (July 2, 1985), concerned a proposed change to a retirement plan. The change at issue was to a defined benefit plan and provided that all employees under the plan who attain eligibility for early retirement or normal retirement age would be provided with subsidized preretirement survivor annuity coverage. Other vested employees would be provided with nonsubsidized coverage and would be given the opportunity to reject the coverage.

The Opinion Letter noted that the distinction between employees eligible for pensions and those who are not, which was made by the plan's amendment, is the type of distinction that is lawful under the ADEA. (See 29 CFR § 1625.2(b) of the Commission's Interpretations of the ADEA.) In the situation presented by the proposed change, older employees would receive a greater benefit. The benefit may be viewed as an incentive for an employee to continue his employment with the employer. Thus the amendment would actually promote the purposes of the ADEA. It was the opinion of the Commission that the amendment was lawful under section 4(a) of the ADEA, and even absent such a finding, that it was within the exception of section 4(f)(2) and therefore lawful.

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[1] Section 4(g) of the ADEA provides that employees and their spouses aged 65 through 69 must be provided with the same health insurance, under the same conditions, as younger employees and spouses.

ITEM 19. FEDERAL COMMUNICATIONS COMMISSION

DECEMBER 12, 1985.

DEAR CHAIRMAN HEINZ: This is in response to your letter of October 31, 1985, requesting information on Commission activities in fiscal year 1985 that affect the elderly either directly or indirectly.

While the Federal Communications Commission does not focus solely on the needs of the elderly, certain of its actions indirectly affect this important segment of the population. Therefore, the Staff Summary of FCC Activities Affecting the Elederly has been enclosed for you to incorporate into the Senate Special Committee on Aging Report, Developments in Aging.

During the past several years, the Commission has participated in legislation and rulemaking designed specifically to help the handicapped, categories of which include the deaf and hearing impaired, blind, and physically disabled. Since a significant proportion of people aged 65 or older falls into these categories, consideration of telecommunications needs of the handicapped is a matter of interest to the elderly community, although perhaps not specifically directed to the elderly.

We at the Federal Communications Commission will continue our efforts to be attentive to telecommunications matters that affect the elderly.

Sincerely,

MARK S. FOWLER, *Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL COMMUNICATIONS COMMISSION ACTIVITIES AFFECTING THE ELDERLY

During fiscal year 1985, the Commission has been monitoring the implementation of rules established in the "Telecommunications for the Disabled Act of 1982." Although the title specifically states "disabled," the elderly are directly affected by the Act. A major rule in this legislation requires that all coin operated, "emergency use" and "essential location" telephones be converted to hearing aid compatibility by January 1, 1985. The Commission made only one change in this rule which extended the deadline to July 1, 1985, for hotels and motels to convert their telephones to hearing aid compatibility. Another rule included in the Act stated that companies may offer specialized telephone equipment on a tariffed or untariffed basis according to the State commissions. The Commission has conducted an internal review by surveying State legislatures and their policies on this rule. The results of the survey have not yet been published.

The Joint Board has proposed a program for assistance to low income households. Because many of the elderly live on fixed incomes, the program may offer some aid. The program involves an optional program of 50 percent reduction in the subscriber line charge for customers meeting a State established means test subject to verification. States taking advantage of this assistance program would be required to make an equal monetary reduction in the local exchange rate for subscribers who qualify for the subscriber line charge reduction. Implementation of this program would be at the option of the State commission.

Recently, the Commission waived certain Computer II restrictions on protocol conversion by the Bell Operating Companies which will make efficient, and potentially less expensive, "packet-switched" digital communications services widely available to users with charges based primarily on usage and not connection time. This decision can promote the availability of less expensive and more reliable alarm-type services that are now supported by conventional telephone service. Medical and safety alarm services are important to many elderly people, and such services could be affordable to more of them than currently if the price were to drop.

ITEM 20. FEDERAL TRADE COMMISSION

DECEMBER 16, 1985.

DEAR MR. CHAIRMAN: In response to your letter of October 31, 1985, I am pleased to forward the annual staff summary of Federal Trade Commission activities affecting older Americans for the year 1985. As this summary indicates, many of the Commission's efforts to police the market for unfair or deceptive practices and to promote a competitive market are particularly significant for older consumers.

I hope this information will be helpful to the Committee. Please let me know if we can provide any further assistance.

By direction of the Commission.

TERRY CALVANI, *Acting Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL TRADE COMMISSION ACTIVITIES AFFECTING OLDER AMERICANS

This report discusses recent activities of the Federal Trade Commission on behalf of older Americans. The first section of this report describes the Commission's health-related activities, which are of particular importance to older Americans because persons over age 65 spend almost three times as much per capita on health care as do other adults. The second section addresses a variety of nonhealth related issues that have a disparate impact on older Americans. These include enforcement of the Commission's Funeral Rule, investigations into the delivery of legal services, issues surrounding credit, investment frauds and mobile homes, and activities in the real estate and brokerage industries. The final section describes the Commission's consumer education activities that are of special significance to older consumers.

HEALTH-RELATED ACTIVITIES

Nursing Homes

Currently about 23,000 nursing homes provide care to approximately 1.4 million older residents in the United States. For some time, the Commission has been investigating marketing practices in the nursing home industry. The Commission has initiated a study designed to collect systematic evidence regarding the existence and incidence of unfair or deceptive practices and their potential for injury to prospective and actual nursing home residents. The results of this study may provide the Commission with information needed to pursue unfair and deceptive nursing home practices that may harm older people and their families. The data collection for the study is now completed and we expect to receive a final report on the results of the study before the end of 1985.

In addition, the Commission's staff is monitoring the progress on a 22-month study of nursing home regulation being conducted by the Institute of Medicine of the National Academy of Sciences. The study, funded by the Department of Health and Human Services, is addressing questions related to the objectives and effectiveness of current nursing home regulation, how regulation affects the quality of patient care, and how Federal and State policies and regulations should be modified to best achieve regulatory objectives.

Life-Care Facilities

In 1983, the Commission obtained a consent order against Christian Services International, Inc. (CSI), a then prominent, for-profit developer and manager of life-care homes. The order prohibited CSI from misleading prospective residents about its facilities' religious affiliation, financial stability (or the financial risk of entering into a life-care contract), service fee increases and reserve funding, and required extensive disclosures in all of these areas, including financial statements audited by an independent certified public accountant. In 1985, the Commission continued to monitor the growing life-care industry for evidence of unfair or deceptive practices.

Prescription Drugs

Persons aged 65 and over comprise about 12 percent of the population, but consume over 30 percent of the prescription drugs nationwide. Consequently, savings on prescription drug purchases are especially significant for older consumers.

In 1979, the Commission's staff completed an examination of State laws that prevent pharmacists form substituting lower cost generic drugs for brand name pharmaceuticals, and concluded that modification of these State laws could result in significant consumer benefits with no compromise in the quality of the drugs that consumers receive. The Commission's staff, in conjunction with the Food and Drug Administration, proposed a model drug product selection statute for consideration by the States. The staff continues to provide assistance to States contemplating legislation on this issue. Several States have adopted the model law, in whole or in part.

The Commission's Bureau of Economics has been conducting a study to determine if consumers in States that have adopted the model law have received benefits the law was designed to provide. The study has been completed and will be publicly released as soon as copies are available from the Government Printing Office. The study found a modest but increasing rate of substitution for brand name prescription drugs (5.1 percent in 1980, 9.5 percent estimated for 1984) with substantial savings for consumers ($44 to $80 million estimated in 1980, projected to three times that amount in 1984).

Hearing Aids

The majority of hearing aids are purchased by older individuals as more than 40 percent of persons over 65 have some type of hearing impairment. On September 16, 1985, the Commission considered whether to promulgate a rule requiring that all hearing aid sales be accompanied by a 30-day trial period during which a consumer could return the aid upon the payment of a cancellation fee. Among the evidence considered by the Commission were the results of a recent national mail-panel survey that reported on the experiences of recent hearing aid purchasers. The survey indicated widespread consumer satisfaction; only 4 percent of respondents were very dissatisfied with their purchases. Furthermore, the survey showed that trial periods are already widely available for those who want them. Among the most recent purchasers, 70 percent were offered a trail. The Commission decided that no trade regulation rule should be promulgated because the evidence did not indicate that unfair or deceptive practices were sufficiently widespread to justify an industry wide rule or that the benefits of such a rule would outweigh its costs to consumers. Rather, the Commission determined that the interest of consumers would be best served by case-by-case enforcement against individual instances of unfair or deceptive practices.

Vision Care

Over 90 percent of persons aged 65 and over wear corrective lenses. The Commission has two programs designed to lower the price of vision care. The first, the "Eyeglasses Rule," gives consumers the legal right to obtain a copy of their prescription after having their eyes examined, thereby enabling them to comparison shop for eyeglasses.

The second program, known as "Eyeglasses II," involves an ongoing Commission rulemaking proceeding that is examining the effects on consumers of State and local restrictions on opticians' and optometrists' forms of commercial practice. For example, the proceeding is examining whether there are harmful effects that flow from restrictions inhibiting the so-called "commercial" practice of optometry, including restrictions that prevent optometrists, from practicing under a trade name, working for a lay corporation, locating their practice in a commercial setting, and operating branch offices. Rulemaking hearings have been completed and the Presiding Officer and Commission staff are preparing their reports summarizing the evidence and making findings and recommendations to the Commission. These reports will be released for public comment next year.

In addition, the Commission in 1985 obtained a consent order that prohibits the Oklahoma Optometric Association, a private association of optometrists, from restricting, among other things, its members from practicing in an optometric office located in close proximity to retail optical stores, associating with franchises, and operating separate branch offices. The order enables older Americans to enjoy the potential benefits of retail franchise arrangements that may provide quality optical goods and services at prices lower than those generally charged by independent optometrists or opticians, and the benefits of branch offices that increase consumer access to optical care.

Dental Care

The Commission's staff is continuing its examination of the effects on consumers of certain restrictions (similar to those described in the discussion of "Eyeglasses II") on the "commercial" practice of dentistry. The results of a study of "commercial" dental practice should be available in 1986.

Restraints on Advertising by Health Care Professionals

Advertising by professionals in general, and by health care providers in particular, has grown tremendously since the mid-1970's The Commission supports the rights of professionals to advertise in a truthful and nondeceptive manner. However, the Commission also recognizes the importance of policing the marketplace to insure that health professionals do not engage in deceptive or misleading advertising practices.

The Commission's staff works closely with professional organizations in health care to help them develop ethical codes that protect against deceptive advertising without infringing on the rights of professionals to advertise truthfully. By the end of 1985, the Commission will publish the proceedings of a Commission-sponsored national symposium on "Advertising by Health Care Professionals in the 1980's." The symposium featured experts in most facets of professional advertising and was attended by more than 100 representatives of health care groups. The program continued the Commission's relationship and expanded the Commission's dialog with these groups, and provided information needed by the Commission for effective enforcement programs against deceptive professional advertising.

In some situations more formal measures are needed to insure professionals' right to advertise, and consumers' right to receive truthful information. For example, in 1985 the Commission obtained a consent order prohibiting the Wyoming State Board of Registration in Podiatry from restricting the nondeceptive advertising of prices, terms, and conditions of sale for podiatry services. The Commission also issued a final consent order that prohibits the Montana Board of Optometrists from restricting advertising by optometrists offering free eye exams, disclosing available credit terms or making superiority claims. The Commission also obtained a final consent order prohibiting the Louisiana Board of Dentistry from restricting dentists' advertising of discounts on their usual fees. Discount information can be especially important to older consumers in the selection of dental care providers. These orders do not affect the Boards' authority to prohibit false or deceptive advertising.

Finally, the Commission published for public comment a proposed consent order that prohibits the Oklahoma Optometric Association from restricting truthful advertising by its members, the offering of guarantees such as refunds for the cost of optical goods to consumers, or the matching of competitors' prices. The order enables optometrists to advertise information about optical services and goods, guarantees and refund policies, and the comparative characteristics of providers of optical services, but does not prohibit the association from adopting reasonable ethical guidelines to protect the public from false or deceptive advertising.

Health Care Advertising

An important part of the Commission's effort to protect the public from deceptive food, drug, and health care claims is its advertising monitoring program. Recognizing that ads for some types of products and services, such as those that might be characterized as "quack" remedies, may never appear on the radio and television networks or in major newspapers and magazines, the staff maintains special monitoring programs to detect ads for these products. This program monitors ads in health magazines catering to individuals who believe in nontraditional treatments for diseases, and tabloid publications, where ads for "quack' products typically appear. Staff efforts have proven quite successful in identifying targets for Commission action. In addition, the Commission's ongoing contacts with other Federal and State officials have been useful for identifying potential targets and projects. The Commission also obtains tips and project ideas from private groups such as the American Association of Retired Persons (AARP).

Health fraud cases have always had a high priority at the Commission. However, the Commission, in conjunction with the FDA and the U.S. Postal Service, has begun a more coordinated effort to combat health fraud. On September 11, 1985, the Commission, the FDA and the Postal Service jointly sponsored a National Health Fraud Conference to raise national awareness of the health fraud problem, and to initiate an interagency program to combat quackery. Representatives of approximately 100 public, private and nonprofit organizations participated in the program. Follow-up meetings between the Federal agencies (as well as with State agencies and private groups) have already started. The Commission's activities include special efforts by FTC regional offices, as well as headquarters staff, to monitor advertising and develop health fraud cases, as the Commission anticipates a continuation of its substantial commitment of resources in the area of health fraud.

The Commission places special emphasis on policing false and deceptive claims in food advertising. A U.S. Department of Agriculture study showed that persons over 65 spend about 22 percent of pre-tax income on food, compared to 17 percent for persons under 65. For the poor in this group, this increases to as much as 40 percent. Older consumers, who watch more television than any other group, are heavily exposed to food advertising. Consequently, the Commission's staff conducts extensive monitoring to determine current issues in food advertising and to identify new ad campaigns presenting the greatest potential for consumer injury. For example, the staff's monitoring indicates that nutritional and other composition claims—e.g., low-sodium, low-sugar, low-calorie, fiber content, caffeine—continue to be popular in food ads. Moreover, research conducted by the Roper Organization confirms that low-sodium and low-sugar claims are important to consumers.

During 1985, the staff continued its litigation against General Nutrition, Inc., which was charged with falsely advertising a dehydrated vegetable product called "Healthy Greens," with respect to the product's efficacy in reducing the incidence of certain kinds of cancer. General Nutrition is a large retailer of health-related products, with annual sales of over $350 million and over 1,000 retail stores nationwide. The Commission staff is seeking a cease and desist order against General Nutrition to prevent allegedly false or unsubstantiated claims for "Healthy Greens" as well as all other products marketed by the company with claims of disease prevention or cure.

In addition to pursuing products making prevention claims, the Commission staff also examines performance and therapeutic claims for health care products. For example, in May 1985, the Commission issued a consent order prohibiting P. Leiner Nutritional Products from making claims that its wheat germ oil pill, Octacol 4, improves vigor, stamina, and endurance.

In the area of drug advertising the Commission is pursuing many types of fraudulent and deceptive claims, including performance, pain relief, and safety claims. All of these are likely to be important to older consumers because of the higher incidence of health problems among this population.

Some Commission investigations involve cure claims for arthritis—a condition affecting millions of older Americans. Because arthritis causes substantial suffering and has long-term debilitating effects, arthritics are particularly vulnerable to claims that a "miracle" product will stop their pain and suffering.

The Commission has also pursued deceptive arthritis *relief* claims. For example, in November, 1984, the Commission issued an order against Thompson Medical Company with respect to its advertising for Aspercreme, a topical rub that the company advertised as effective for the relief of arthritis pain. The Commission found that Thompson lacked substantiation for its arthritis effectiveness claims, and that the company had falsely represented—by use of the brand name Aspercreme, as well as other statements in its advertising—that the product contained aspirin. The Commission's order, which is on appeal to the U.S. Court of Appeals for the D.C. Circuit, prohibits Thompson from advertising that Aspercreme is an effective arthritis remedy unless it has two scientific tests to support that claim. The order further requires Thompson to disclose clearly in its advertising and labeling that Aspercreme does not contain aspirin.

In December 1984, the Commission issued a final order accepting a consent agreement with Biopractic Group, Inc., to settle charges concerning claims it made for its Therapeutic Mineral Ice product. According to the complaint, Biopractic claimed that Mineral Ice (a topical rub) relieves inflammation and stiffness characteristic of arthritis and other musculo-skeletal ailments without having a reasonable basis to support those claims. The complaint also charged that Biopractic falsely claimed that doctors and medical centers praised Mineral Ice. Under the agreement, Biopractic is prohibited from making these claims about Mineral Ice unless it has adequate substantiation. To make claims of relief from inflammation and stiffness caused by arthritis and other musculo-skeletal diseases, Biopractic must satisfy U.S. Food and Drug Administration standards or provide evidence from two well-controlled clinical tests.

In 1985, the Commission completed its District Court litigation against a hair analysis testing service. According to the Commission's complaint, the ads claimed that hair analysis identifies the consumer's bodily mineral deficiencies and excesses and that these are associated with various physical and mental disorders. The Commission further alleged that the defendants' recommendation to repeat the hair analysis every 4 months in order to monitor the effects of the ingestion of dietary supplements sold by the defendants may lead some individuals to forego proper medical attention during that time and expose them to substantial health risk or injury. In January 1985, a U.S. District Court permanently enjoined the sellers from making representations to consumers regarding the use of hair analysis to diagnose health conditions or identify an individual's mineral excesses and deficiences.

Hair analysis is typical of a relatively new area of investigation for the Commission staff—claims for deceptive health care services. This area includes claims for various therapeutic and diagnostic services. The staff has recently opened additional nonpublic investigations of individuals or firms offering such services.

Physician Services

In September 1985, the Commission issued a consent order prohibiting the medical staff of John C. Lincoln Hospital and Health Center in Phoenix, AZ, from threatening or participating in boycotts designed to impede the operation of health care facilities, such as ambulatory urgent care clinics. The order benefits older Americans by preventing physician activities that would limit older Americans' ability to choose among a variety of alternate types of health care facilities that provide services in competition with services provided at physicians' offices.

Also in September 1985, the Commission issued on administrative complaint against anesthesiologists in the Rochester, NY, area, charging that the anesthesiologists had restrained competition and conspired to increase the fees paid to them for providing anesthesia services. This case is still in litigation.

Hospital Mergers

In 1985, the Commission found that a national major hospital chain illegally acquired two hospital chains in the Chattanooga, TN, area. The Commission ruled in this litigation that Hospital Corporation of America's (HCA) acquisitions of competing hospitals in the Chattanooga area violated the antitrust laws and ordered divestiture of the acquired hospitals. Also in 1985 the Commission entered into a consent agreement with HCA in which HCA agreed to divest two psychiatric hospitals in the Norfolk, VA, area and one general, medical-surgical hospital in the Midland, TX, area that HCA had Allegedly illegally acquired from a third hospital chain. These orders permit older consumers to benefit from increased price and service competition in the hospital industry.

NON-HEALTH-RELATED ACTIVITIES

Funerals

Throughout 1985 Commission staff worked closely with consumer and business groups to educate their members about the Commission's Funeral Rule, which became effective last year.

Additionally, the staff has initiated investigations of funeral homes that have allegedly violated the Rule. These investigations, where appropriate, may lead to formal Commission action to enforce the Rule.

Delivery of Legal Services

In December 1984, the Commission released a staff report entitled "Improving Consumer Access to Legal Services: The Case for Removing Restrictions on Truthful Advertising." The report details the findings of a nationwide study of the effects of State-imposed restrictions on truthful nondeceptive lawyer advertising and other marketing practices, such as the use of trade names, on the prices of legal services. The staff's findings indicate that restrictions on truthful, nondeceptive lawyer advertising may limit access to and increase the costs of legal services for consumers. The report includes a Model Code, proposed by the staff, which would remove unnecessary restrictions on lawyers' marketing practices while protecting the public from misleading or overreaching communications. The Model Code is intended to offer States a procompetitive model to use when considering changes in current State regulations governing lawyers' marketing practices. Removing unnecessary restrictions may particularly benefit older Americans, whose income often exceeds limits established by Government-sponsored assistance programs but may be insufficient to cover high legal fees.

Credit

One important way in which the Commission protects older consumers is by aggressively enforcing the age discrimination provisions of the Equal Credit Opportunity Act (ECOA). Although Federal law permits creditors to consider information related to age, creditors may not deny, reduce or withdraw credit solely because an otherwise qualified applicant is over a certain age. Furthermore, retirement income must be included in rating a credit application, and credit may not be denied or withdrawn because credit-related insurance is not available to persons of a certain age.

In 1985, the Commission filed age discrimination complaints against Fidelity Acceptance Corporation and Allied Finance Company alleging that those two companies discouraged older people from submitting applications, refused to consider income from retirement sources, and denied credit to applicants who were not employed full-time. The Commission obtained consent decrees that enjoined Fidelity and Allied from such practices in the future and required them to pay a civil penalty.

The Commission staff is continuing to investigate instances of unlawful age discrimination and has referred evidence developed in several nonpublic investigations to the Department of Justice for appropriate action.

Investment Frauds

The Commission's investment fraud program is another excellent example of a program that benefits all consumers, but especially older, retired citizens. Investment frauds, conducted by what are often termed "Wats-Line hustlers," frequently victimize the public through false promises of large returns on "safe" investments. These frauds obviously harm all investors, but they can particularly hurt older investors, who are vulnerable prey for fraudulent operators and who are often ill-prepared to absorb the losses. Some investment fraud firms have bilked consumers of $5,000 to $10,000 each by promising large returns for investments in gemstones, precious metals, oil and gas leases, or cellular telephone licenses. These firms usually employ telephone "boiler room" sales persons who use high-pressure, polished sales pitches.

Fraud cases, especially those involving oral misrepresentations, are very difficult to investigate. Consumers, however, suffer substantial injury as a result of such fraudulent practices. Consequently, the Commission has developed an active fraud program, particularly in the investment area.

Since 1982, the Commission has succeeded in placing approximately 75 named defendants under preliminary or permanent district court orders barring fraudulent and deceptive practices. The Commission has also obtained court orders freezing personal and corporate assets that may be used for consumer redress. In one case, for example, the Commission obtained an order freezing $10 million in assets. The staff estimates that the Commission's actions have halted frauds that could have cost consumers $373 million if allowed to continue. To date, the Commission's efforts have resulted in obtaining consumer redress, either directly or through equity receivers, of approximately $10 million.

Older consumers are also attractive targets for deceptive promotions of franchises. For example, the advantages of business opportunity ventures—supplemental income, control over working conditions (i.e., being our own "boss"), and a need for few additional skills—may appeal to many older consumers. The investment may involve a significant amount of money for those involved. Moreover, older consumers may suffer more than younger ones from losing their investment, which may have been set aside as a retirement "nest egg," because they cannot easily recoup it through future earnings.

Alleged misrepresentations by franchisors of earning potential, right to exclusive territories, or product quality have led the Commission to challenge such diverse franchise sales programs as auto parts distributorships, energy management microprocessors, and snack foods. Unsuspecting individuals were investing between $3,000 and $24,000 each in these franchises based on the alleged misrepresentations. Where these practices have been accompanied by violations of the Commission's rules, the Commission has also sought civil penalties.

Mobile Homes

Older individuals comprise a significant percentage of mobile home residents. Although nearly all new mobile homes are sold with a written warranty, questions have been raised regarding the adequancy of service under these manufacturers' warranties for many owners of new mobile homes requesting such service. For several years, the Commission has conducted a rulemaking proceeding to assess whether Commission action is necessary. The staff expects to present its final recommendations to the Commission in 1986.

Real Estate "Loan" Transactions and the Brokerage Industry

The Commission has been involved in several different facets of real estate that are of particular concern to older Americans. For example, during the past few years there have been increasing numbers of foreclosure actions by lenders. This has resulted in "new" business that can generally be described as "foreclosure help" companies. These companies advertise and offer foreclosure help to homeowners in financial difficulty.

In 1985, the Commission continued to litigate its Federal District Court injunction case against one such company—R.A. Walker & Associates, Inc. The Commission has alleged that the company orally represented the transactions entered into were "loans," when in fact the transactons were "sales." Older, Black consumers were particularly affected by the alleged representations. The terms of a Commission-obtained preliminary injunction insure that homeowners are able to remain in their home until the case is concluded.

The Commission's staff also has investigated other serious problems facing any consumers who have had to use their homes as security for loans to pay medical bills or other personal debts. In March 1985, the Commission filed a complaint in Federal District Court against Nationwide Mortgage Corporation, Community Mortgage Corporation and 10 individuals, alleging that the defendants induced borrowers, including many elderly consumers, to take 1-year loans secured by their homes by falsely promising that the loans would be refinanced into long-term financing at the end of the year. When the defendants did not provide the promised long-term financing, several borrowers lost their homes in foreclosure. Also, the complaint alleges that although many of the loans were for personal debts, the defendant companies induced the borrowers to sign statements that the loans were for business purposes in order to avoid compliance with the Truth in Lending Act and other consumer protection statutes. The litigation is continuing, and all 12 defendants are under Court order to refrain from the practices pending trial.

In another area, the Commissionin 1985 obtained consent orders prohibiting the Orange County Board of Realtors, Inc., and Multiple Listing Service of Greater Michigan City Area, Inc., from refusing to include exclusive agency listings in their multiple listing services. These firms, respectively, are clearinghouses in New York and Indiana through which member real estate brokers exchange information on property listings and share commissions with other members who locate purchasers. The order with Multiple Listing Service of Greater Michigan City Area also prohibits the service from: (1) refusing to publish reserve clause listings, (2) restricting truthful advertising of brokerage services, including comparative advertising, (3) denying or delaying membership to new or part-time brokers or brokers operating out of personal residences, and (4) interfering with certain kinds of listing contracts, brokerage service rates, brokers' involvement with ventures that compete with its multiple listing service, or the cancellation of listings before their expiration date. The orders assist older citizens in their ability to negotiate lower prices for brokerage services and to choose among a variety of brokerage firms competing on the bases of price and service.

CONSUMER EDUCATION ACTIVITIES AFFECTING OLDER AMERICANS

In addition to its law enforcement and economic research activities, the Commission, through its office of Consumer and Business Education, is involved in preparing and disseminating numerous publications, public service announcements, and fact sheets of significant interest to older consumers. These consumer education activities cut across and support all Commission programs. Some of the recent consumer education activities are described below.

Complaint Resolution and Shopping at Home

The Commission has continued its cooperative efforts with the American Association of Retired Persons (AARP) in distributing *How to Write a Wrong,* a booklet jointly developed by the Commission and AARP that explains how to complain effectively about consumer problems and get results. The booklet contains information about two types of merchandising frequently aimed at older citizens: door-to-door sales and mail order promotions. It also explains why, where, and how to complain. This booklet is a component of a training program developed by the AARP for use in its 5,000 local offices around the country. The FTC and the AARP have distributed more than 350,000 copies of the publication since it was first published in 1983.

In addition, the Commission recently distributed a brochure, "Holiday Shopping: by Phone or Mail" to organizations on aging and to over 40,000 requesters. The brochure discusses the protections under the Commission's mail order rule, precautions consumers can take when shopping by phone or mail, and appropriate contacts to pursue in order to solve problems.

Credit

In 1985, the Commission published two credit brochures, "Solving Credit Problems" and "Credit and Charge Card Fraud," both containing important information for the elderly. These brochures were distributed to organizations on aging and, respectively, to 25,000 and 190,000 requesters. "Solving Credit Problems," printed in English and Spanish, explains the importance of and how to build a credit history, expecially for widows, what to do to improve a bad credit history, and how to deal with debts. "Credit and Charge Card Fraud," published and distributed in cooperation with American Express, explains how to avoid credit card fraud, what to do if credit cards are lost or stolen, and what to do about suspected fraud or billing problems.

Funerals

In 1985, the Commission continued its print education campaign explaining key elements of the funeral rule. Last year, the staff distributed television public service announcements to 500 stations, which may continue to broadcast the announcements. In response to individual requests, the staff also has sent out more than 150,000 copies of the consumer brochure explaining the rule.

Health

In 1985, the Commission, in cooperation with AARP, developed a publication entitled "Healthy Questions" to explain how to select and use the services of health care professionals, including doctors, dentists, pharmacists, and vision care specialists. The Commission and AARP have distributed 170,000 copies of the publication to requesters since its release. The Commission, in cooperation with AARP, anticipates promoting the booklet in 1986 through television public service announcements.

In September, the Commission jointly sponsored a national health fraud conference and consumer publication, "Quackery," with the Food and Drug Administration (FDA) and the U.S. Postal Service. As a follow-up to these efforts, one FTC regional office has held a health fraud conference in conjunction with FDA, and the Commission is producing a consumer fact sheet on specific aspects of health fraud.

Housing

In cooperation with the AARP, the Commission developed a publication entitled "Your Home, Your Choice: A Workbook for Older Persons and Their Families." The publication addresses independent and assisted living options, including home health care, nursing homes and life-care facilities. Such information is important for older Americans since more than 90 percent of persons over age 65 live in some form of "independent" housing. The booklet, completed in early 1985, was distributed to 85,000 requestors by AARP and the Commission. In addition, AARP uses the workbook as a component in one of its training programs.

The Commission is releasing a consumer booklet, "How to Buy a Mobile Home," in cooperation with the Manufactured Housing Institute (MHI). The booklet discusses warranties and other consumer protections and explains the importance of home placement, site preparation, transportation, and installation. MHI will release the publication in January, 1986 at its 50th annual National Housing Show in Louisville, KY. It will make booklets available to manufacturers who, in turn, will distribute them to retail sales centers for point of sale availability to consumers. MHI also will distribute the booklet free through the Federal Consumer Information Center in Pueblo. The Commission likewise will distribute the booklet free upon request.

Non-Health Related Professional Services

As a companion piece to "Healthy Questions" (mentioned above), the Commission, in cooperation with AARP, is developing a consumer publication called "Money Matters," which explains how to select and use the professional services of lawyers, accountants, financial planners, real estate brokers, and tax preparers. The agency anticipates that the booklet will be released early in 1986.

Real Estate Brokers

The Commission will publish a brochure in early December of this year on matters consumers should be familiar with to protect their interests when buying or selling a home through a real estate broker. The brochure will explain technical terms that are used in the industry and elaborate on matters consumers should have an awareness of before signing real estate contracts. It will offer tips on how consumers may save money when they sell their house or apartment and explain the role that real estate brokers play in the selling process.

Many older Americans sell their homes each year. Since most Americans buy and sell residences only a few times in their entire lives, and since this is often the biggest financial transaction that they enter into, the Commission believes that all consumers, and older citizens in particular, will find the information contained in this FTC brochure important.

ITEM 21. GENERAL ACCOUNTING OFFICE

DECEMBER 13, 1985.

DEAR MR. CHAIRMAN: On October 31, 1985, you requested that we submit a report describing our fiscal year 1985 activities regarding older Americans. The appendixes respond to your request.

Appendix I lists 65 issued resports (43 with summary information), and appendix II lists 49 assignments in process as of September 30, 1985. As discussed in appendix III, at the end of the fiscal year 1985, 42.5 percent of our work force was age 40 and over. Our employment policies prohibites age discrimination, and we continue to provide individual retirement counseling and preretirement seminars.

As arranged with your office, we are sending copies of this report to interested congressional committees and subcommittees. Copies will also be made available to other interested parties who request them.

Sincerely yours,

RICHARD L. FOGEL, *Director.*

Enclosures.

ENCLOSURE I.—*GAO Reports Concerning the Elderly Issued From October 1, 1984, Through September 30, 1985*

Implementation of the Uniformed Services Former Spouses' Protection Act (GAO/NSIAD-85-4, Oct. 24, 1984)

Responding to a Supreme Court decision that military retired pay could not be divided as marital community property in divorse cases, the Congress authorized the services to pay part of a member's retired pay to a former spouse in compliance with a State court order.

The services generally have done a good job implementing the act, but its complexity has caused problems. These problems concern interpretations of the act and court orders, and procedures for handling applications. Consequently, retirees and former sponses have sometimes been treated differenty, depending upon the service involved. Some inconsistencies have been corrected, but others remain.

Assessment of How the Department of Labor's Solicitor's Office Handles Pension and Welfare Benefit Cases (GAO/HRD-85-6, Nov. 6, 1984)

The Employee Retirement Income Security Act was passed to protect employee pension and welfare benefit plans' funds and assets against mismanagement and misuse. The Department of Labor's Office of Pension and Welfare Benefit Programs directs Labor's enforcement of the act, and it refers cases to the Office of the Solicitor for legal advice on whether to seek compliance of alleged violations of the act voluntarily or through litigation.

Because of the newness and complexity of the act and Labor's policy of seeking cases for litigation to develop case law, many cases were referred to the Solicitor's Office between 1976 and 1981. As a result, the Solicitor's Office accumulated a backlog of cases. This report discusses (1) the backlog, (2) delays in providing legal analyses on cases, (3) the effects of the delays of Labor's enforcement efforts, and (4) the appropriateness of referring certain cases to other agencies for disposition.

Labor has given field offices greater enforcement authority, and the Office of Pension and Welfare Benefits Programs has reduced the cases referred to the Solicitor. The Solicitor's Office has revised its case processing procedures, increased its staff, and reduced the backlog of cases. Although GAO has not reviewed cases under the new procedures, it believes, if propertly implemented, they should help reduce the likelihood of a large case backlog occurring in the future.

Opportunities to Reduce Medicare Payments for Prosthetic Lenses While Enhancing Nationwide Uniformity of Benefits (GAO/HRD-85-25, Jan. 10, 1985)

Inadequate guidance to Medicare's claims processing contractors has resulted in unnecessary expenditures for prosthetic lenses and related professional services used after the removal cataracts and inequitable benefits for Medicare beneficiaries.

GAO estimated that improved guidance by the Department of Health and Human Services could have resulted in a reduction in Medicare allowed charges of at least $7.4 million during 1982 in areas served under 7 of the program's 49 claims processing contracts. Significantly greater amounts could have been saved nationally, and more equitable administration of benefits would have resulted.

GAO recommended that the Department develop and implement guidance to improve controls over payments for prosthetic lenses and related professional services.

Changes Needed in Medicare Payments to Physicians Under the End Stage Renal Disease Program (GAO/HRD-85-14, Feb. 1, 1985)

Since July 1973, the Medicare program has covered the cost of treating individuals with end stage renal disease. Total program costs have increased from about $229 million in 1974 to more than $1.8 billion in 1983.

Renal physicians receive a monthly capitation payment for the routine outpatient care they provide to dialysis patients. The formula used to compute the monthly payment overstates physicians' involvement with home dialysis patients when compared with facility patients, resulting in higher monthly rates and additional annual program costs of about $11.8 million.

Special dialysis procedure codes were established for inpatient hospital care, including hospital dialysis visits. Medicare allowances for these visits are considerably higher than those for regular hospital visits, even though the services provided are essentially the same. GAO believes that use of these special codes should be limited.

GAO also believes that a system which pays for outpatient care on the basis of a monthly capitation payment and for inpatient care on a fee-for-service basis is difficult to administer. Adopting a total capitation payment system covering both routine inpatient and outpatient services would be easier to administer and, based on 1981 data, could save about $1.6 million annually in the nine States reviewed.

Changes Needed in Medicare Payments to Physicians Under the End Stage Renal Disease Program (GAO/HRD-85-14A, Feb. 1, 1985)

This supplement contains the results of GAO's questionnaire used to obtain the views on the End Stage Renal Disease program of its beneficiaries and renal physicians who provide services under it.

Administration of and Veterans' Participation in the VA Beneficiary Travel Program (GAO/HRD-85-28, Feb. 7, 1985)

The Veterans Administration (VA) pays transportation expenses of eligible veterans who travel between their residences and medical facilities for treatment and assistance. In fiscal year 1984, these expenses totaled over $91 million.

GAO judgmentally selected 13 medical centers out of 168 VA medical facilities throughout the Nation and evaluated internal controls over these travel expenditures. The centers visited were, in GAO's opinion, generally implementing appropriate internal control techniques to prevent fraud and program abuse and minimize error and waste in the beneficiary travel program.

GAO also identified and evaluated 13 situations related to beneficiary travel that it considered particularly vulnerable to abuse or mismanagement. All but four of these areas of vulnerability generally appeared to be adequately controlled. GAO recognized that program abuses related to (1) car pooling, (2) address validation, (3) income certification, and (4) requests for unneeded medical care would be extremely difficult to control. Moreover, when compared to the relatively low median travel cost per trip for the veterans GAO interviewed, the costs to implement additional controls would, in GAO's opinion, appear to exceed the expected benefits. Notwithstanding these areas of vulnerability, the centers visited were generally implementing the beneficiary travel program in a prudent manner.

This report also provided (1) information on VA's process of budgeting and allocating funds for the beneficiary travel program and (2) profile data for 1,512 veterans interviewed at the 13 centers visited.

Improved Efforts Needed to Relieve Medicaid From Paying for Services Covered by Private Insurers (GAO/HRD-85-10, Feb. 12, 1985)

Medicaid, a federally aided, State-administered medical assistance program for low-income people, should be relieved of health care costs if some other party is legally responsible to pay. Nevertheless, States receive bills for Medicaid recipients who have coverage under health and liability insurance. State Medicaid administrative systems often do not identify the liable insurers or redirect these medical bills to them. As a result, the Health Care Financing Administration estimates that Medicaid pays annually from $500 million to more than $1 billion that private insurers should be paying.

GAO recommended that the Secretary of Health and Human Services (HHS) adopt either of two options that would influence States to improve Medicaid practices for recovering additional health care costs from available health and liability insurance resources.

Analysis of Grace Commission Proposals to Change the Civil Service Retirement System (GAO/GGD-85-31, Feb. 13, 1985)

The Commission recommended many changes to the civil service retirement system which it said would reduce costs and make the Federal system comparable to private sector retirement programs. GAO agreed that private sector practices are one standard that can be used in evaluating the Federal program and that, in many respects, the Commission's recommendations reflect pension plan features commonly found in the private sector.

However, the Commission's proposals did not include a capital accumulation plan, which is a major element of private sector retirement programs. Without such a plan, adoption of the Commission's recommendations would result in Federal employees receiving lower benefits than are typically available to private sector employees. Moreover, for many of the recommendations, the Commission overstated the savings that could be achieved.

Benefit Levels of Non-Federal Retirement Programs (GAO/GGD-85-30, Feb. 26, 1985)

This report estimated the levels of benefits available from non-Federal retirement programs using selected studies and data bases. Social security, pension plan, and capital accumulation plan benefits were shown for different categories of age and years of service and at varying final salary levels. The purpose of the report was to assist the Congress in its effort to design a new retirement program for Federal employees covered by Social Security.

Legislation to Authorize VA Recoveries from Private Health Insurance Would Result in Substantial Savings (GAO/HRD-85-24, Feb. 26, 1985)

Most health insurance policies will not pay for nonemergency care provided to the companies' policyholders by VA medical facilities. Such polices have exclusionary clauses which state that the insurance companies will not pay for care for which the policyholder has no obligation to pay. GAO analyzed concerns raised by the insurance industry and others about a legislative proposal to prevent health insurance companies from refusing payment for treatment of non-service-connected disabilities in VA medical facilities.

GAO concluded that no overriding legal or administrative problems were preventing the enactment and implementation of a VA cost recovery program. GAO estimated, based on a questionnaire survey, that VA could have recovered at least $98 million to $284 million from private health insurance in fiscal year 1982 with minimal impact on health insurance premiums.

GAO recommended that the Congress enact recovery legislation to enable VA to recover the costs of care provided to privately insured veterans for non-service-connected medical conditions.

Medicare's Policies and Prospective Payment Rates for Cardiac Pacemaker Surgeries Need Review and Revision (GAO/HRD-85-39, Feb. 26, 1985)

In fiscal year 1983, HHS implemented a Medicare prospective payment system (using data based on medical practices and costs in 1981) that pays hospitals predetermined fixed rates based on a patient's medical condition. GAO reviewed the 1981 data and how changes in medical practices and costs since that time may have affected prospective payment rates for cardiac pacemaker surgeries.

The information GAO obtained from 12 hospitals and 4 major pacemaker manufacturers showed that the data used to compute the payment rates (1) contained errors that could affect the rates' reasonableness; (2) were collected at a time when hospitals had little incentive to take full advantage of purchasing efficiencies or warranty benefits; and (3) did not reflect the more recent shift toward the use of higher cost, more technologically advanced pacemakers.

Because of the inaccuracies in the data bases, stronger hospital incentives for economical procurement of pacemakers to reduce hospital costs, and the shift to more expensive pacemakers, GAO believed HHS should use current data to reevaluate the reasonableness of prospective payment rates for pacemaker surgeries.

The 1980 Multiemployer Pension Plan Amendments Act: An Assessment of Funding Requirement Changes (GAO/HRD-85-1, Feb. 27, 1985)

The government insures multiemployer pension plan benefits through the Pension Benefit Guaranty Corporation. The Multiemployer Pension Plan Amendments Act (MPPAA) of 1980 changed funding provisions to improve plan financing because of concern that the plans could place large claims on the insurance program. GAO found that the provisions would generally have little effect on plan financial condition or employers contributing to the plans.

GAO found that 14 of 149 plans it examined were financially distressed and could pose risk to the Government's insurance program amounting to billions of dollars. The act's provisions for improving the financial condition of such distressed plans, however, may not be adequate. Based on GAO's application of the provisions, 9 of the 14 distressed plans would have been allowed to reduce rather than increase their financial contributions because actual employer contributions exceeded requirements. Because of the potential risk distressed plans pose to the program, GAO asked the Congress to consider changing the provisions so that the plans will be required to at least maintain contributions more in line with what employers already contribute.

Problems in Administering Medicare's Health Maintenance Organization Demonstration Projects in Florida (GAO/HRD-85-48, Mar. 8, 1985)

In February 1985, HHS initiated a program to expand the use of health maintenance organizations (HMO's) by Medicare beneficiaries. This new program was preceded by 26 demonstration projects throughout the country to test HMO's effectiveness. Four of the demonstration projects, involving about half of all Medicare beneficiaries in such projects, were started in south Florida. Because of beneficiary complaints and concerns regarding those HMO's, GAO was asked to review them.

GAO found the system for coordinating HMO and Medicare payments to physicians and hospitals susceptible to errors, such as Medicare paying for services that an HMO had already been paid for. Many errors GAO identified occurred because beneficiary HMO enrollment dates were not recorded until after the actions became effective. This led to incorrect determinations as to who should pay medical expenses—the HMO or the regular Medicare program. GAO recommended that HHS correct problems resulting in erroneous payments because of the program's expansion nationwide.

GAO also identified a relatively small number of beneficiaries for whom reimbursement of medical expenses was uncertain because they were transitioning into or out of HMOs. During such periods, it is not always clear who is responsible for paying medical expenses—the beneficiary, the HMO, or Medicare. GAO is continuing to assess the magnitude and specific causes of the transitioning problems. In a follow-on report, GAO will address this and the remaining questions it was asked to pursue.

Effects of Liabilities Assessed Employers Withdrawing From Multiemployer Pension Plans (GAO/HRD-85-16, Mar. 14, 1985)

The most controversial changes MPPAA made to the Employee Retirement Income Security Act of 1974 concerned the liability imposed on employers withdrawing from multiemployer defined benefit pension plans. Under the amendments a withdrawing employer must generally continue payments to the plan for its share of the plan's unfunded vested benefits, which are the value of nonforfeitable benefits under the plan less the value of the plan's assets.

GAO believed that the liability imposed on withdrawing employers increases the pension security of participants in poorly funded plans. It also provides additional protection for the Pension Benefit Guaranty Corporation's insurance fund established by the 1974 act to guarantee plan benefits. However, changes can be incorporated to make application of withdrawal liability more effective and equitable. Toward that end, this report proposed two amendments to the withdrawal liability provisions for the Congress to consider.

DOD Should Adopt a New Approach to Analyze the Cost Effectiveness of Small Hospitals (GAO/HRD-85-21, Mar. 15, 1985)

Several studies of non-Federal hospitals have found that smaller hospitals are less economical to operate than larger ones. The studies indicate that the most economical hospital size is between 200 and 300 beds.

In fiscal year 1983, the Department of Defense (DOD) operated 126 hospitals, 69 of which had average daily inpatient loads of 50 or less. The cost to operate the 69 small hospitals totaled about $506 million in that year.

GAO developed a computer-based model which compares the costs of operating small military hospitals to the estimated costs of converting them to outpatient clinics and treating inpatients at nearby civilian facilities. Applying the model at three small hospitals, GAO found that DOD could have saved about $3.9 million in fiscal year 1981 costs had these hospitals been converted.

A decision to convert a small military hospital to an outpatient clinic should not be based solely on economic factors. Other considerations—such as the mission requirements, availability of alternative sources of care, and impact on beneficiaries—need to be evaluated. GAO believes, however, that because of the potential benefits of selectively converting small hospitals, DOD should evaluate the cost effectiveness of continuing small hospital operations when alternative sources of care are available.

Need to Strengthen Social Security's Beneficiary Reporting Requirements and Enforcement Authority (GAO/HRD-85-12, Mar. 22, 1985)

As of September 1984, retired and disabled beneficiaries and their dependents or survivors owed the Social Security Administration (SSA) about $2 billion because they had been paid more than they were entitled. This represented about $1.4 million in overpayments. About 60 percent of such overpayments, representing two-thirds of all overpayment dollars, are caused by beneficiaries who misreport, report late, or do not report events that would reduce or eliminate benefits.

Most beneficiaries comply with reporting requirements. And most of those overpaid repay the overpaid amounts. Beneficiaries who do not comply, however, retain the use of overpaid amounts for extended periods and seldom are penalized, because either SSA does not often use existing penalty authority or the authority does not extend to all incidents that give rise to beneficiary-caused overpayments.

If SSA more fully exercised the penalty authority it has and this authority was extended to all circumstances that can affect payments, GAO believed that overpayments could be reduced and some of their cost shifted to the noncomplying beneficiaries. Therefore, GAO made a number of recommendations to SSA to improve the process for assessing penalties and to the Congress to expand SSA penalty authority.

Overview and Perspectives on the Food Stamp Program (GAO/RCED-85-109, Apr. 17, 1985)

The Department of Agriculture's Food Stamp Program cost the Federal Government almost $12 billion in fiscal year 1984 and served an average of about 21 million persons a month.

In recent years the Congress and Agriculture have been searching for ways to improve the program's integrity, curb spending, and enhance efficiency. At the same time, the increased number of persons that Bureau of the Census data show to be falling into the poverty category has created additional pressure to maintain and improve food assistance benefits for the needy.

To assist in congressional deliberations on reauthorizing the Food Stamp Program as part of the 1985 farm bill, GAO highlighted five major program issues: Program accountability and integrity, program simplification, nutritional adequacy, interrelationships with other food assistance programs, and program coverage and eligibility. For each issue, GAO's report discussed the principal concerns it saw, what had been done regarding those concerns, and what more should be considered or done.

Implementing Outpatient Surgery Programs in Military Hospitals Can Reduce DOD's Health Care Costs (GAO/HRD-85-23, May 24, 1985)

Outpatient (or same day) surgery has received widespread attention from non-federal health care providers as a way to reduce health care costs. GAO found that military hospitals have made limited use of outpatient surgery to reduce military health care costs.

At the six military hospitals reviewed, GAO estimated that in 1982 about 5,600, or about 65 percent, of about 8,600 inpatient surgeries that had outpatient surgery potential could have been performed on an outpatient basis. Military surgeons helped GAO make this determination. GAO believed that if these inpatient surgeries had been done on an outpatient basis, hospital beds and other resources at these six hospitals would have been available and could have been used to treat patients who had been referred to the civilain sector under the DOD-financed Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

Based on (1) the private sector's experience that outpatient surgery is a safe and cost-effective alternative to inpatient surgery for many surgial procedures, and (2) GAO's findings concerning the potential for wider use of such surgery in the military services. GAO recommended that the Secretary of Defense direct the Assistant Secretary (Health Affairs) to develop a DOD-wide policy on outpatient surgery programs in military hospitals where analyses show that such programs would reduce DOD's total health care costs.

IRS and SSA Can Improve the Verification and Recording of Data Provided by Self-Employed Taxpayers (GAO/GGD-85-21, May 28, 1985)

Self-employed workers are required to report Social Security self-employment earnings to the Inernal Revenue Service (IRS) and pay taxes that are due. IRS forwards all relevant self-employment data to SSA, where it is accumulated and eventually used to help determine the amount of Social Security benefits to which these workers are entitled.

Because of the importance of properly processing this information, GAO made a review to determine how well IRS and SSA were performing this task. GAO found that although the system is funtioning well, more could be done to (1) properly credit self-employment earnings to taxpayers' accounts and (2) more accurately account for the taxes that are due. IRS and SSA expressed general agreement with GAO's recommendations.

VA Can Reduce Excess Disability Payments by Improving Pay Data Exchange With the Military Services (GAO/HRD-85-38, May 29, 1985)

Federal law requires that VA withhold disability benefits whenever a veteran reenlists in the active military service. GAO found that disabled veterans do not always notify VA when they reenter active service, and VA has no effective controls to identify veterans who do not notify it. Consequently, VA paid in excess of $1 million in both 1982 and 1983 for disability compensation benefits to veterans on active duty.

Also, the military services make lump-sum separation payments to members who are involuntarily discharged for disability and nondisability reasons. Federal law requires that VA withhold disability payments until an amount equal to the full separation payment has been recouped. GAO found, however, that DOD and VA lack adequate controls to insure that all separation pay data are provided and that VA withholds disability payments. Based on GAO's review of DOD separation payments for 1983, VA had not withheld the appropriate monthly disability payments on an estimated $1.6 million in total lump-sum separation pay made by the military services in 1983.

This report recommended a number of actions that VA and DOD shold implement so that veterans do not receive disability benefits to which they are not entitled. VA and DOD generally agreed with GAO's findings and recommendations.

Analysis of Issues Concerning the Planned Modernization or Relocation of the Allen Park, MI, VA Medical Center (GAO/HRD-85-64, June 7, 1985)

GAO examined the four construction design concepts and related cost estimates VA was considering as of February 1985 in relation to modernizing the Allen Park, MI, VA Medical Center or relocating it to downtown Detroit. VA was in the earliest planning and development component of its construction process for this major project; nevertheless, considerable data had been developed which indicated that VA was generally following its established procedures and was considering the pertinent issues needed for the VA Administrator to decide on the most appropriate construction concept.

For some issues relating to the relocation of the medical facility to downtown Detroit, VA had not made final decisions or developed complete data and will not do so until the Administrator decides which concept to adopt. When this decision is reached, additional data and more precise construction designs will be developed by VA officials.

Benefit Practices for Permanent and Temporary Federal Employees (GAO/GGD-85-54, June 10, 1985)

This report provided information on benefit practices for permanent and temporary Federal employees. Generally, temporary employees are not eligible for civil service retirement, life and health insurance, or severance pay.

The report also included information requested concerning temporary employees at the Forest Service's Northern Region, headquartered in Missoula, MT.

Effects of the 1980 Multiemployer Pension Plan Amendments Act on Plan Participants' Benefits (GAO/HRD-85-58, June 14, 1985)

MPPAA changed federal requirements for funding and insuring the benefits of over 8 million participants in multiemployer defined benefit pension plans nationwide. A major change increased employers' liability for unfunded benefits when they withdrew from the plans.

GAO found that plan terminations increased from 27 in the 6 years before the act's passage to 66 in the 4 years after. According to plan officials, the act's employer liability changes contributed to the increases, but economic and other factors played a more significant role. Plan terminations after the act affected less than 1 percent of the participants nationwide. Most of those affected are to receive all benefits earned, and alternative pension coverage was made availabale for most of the participants still working.

Benefit practices of most of the 139 plans GAO sampled were changed after the act. According to plan officials, the act's employer liability provisions contributed to changes causing 12 percent of the 3.2 million sample plan participants to receive either no benefit increases after the act when they had been given benefit increases before or smaller increases than previously received. However, much higher percentages of the plan's participants were similarly affected or received greater benefit increases because of changes not related to the act.

VA Has Not Fully Implemented Its Health Care Quality Assurance Systems (GAO/HRD-85-57, June 27, 1985)

One of VA's primary goals is to provide quality medical care to veterans in its medical centers. It has established a formal quality assurance program with two focuses: (1) Each medical center reviews the quality of care it provides, and (2) VA's Medical Inspector reviews the medical center's quality assurance programs. GAO found that the medical centers had not implemented the quality assurance programs required by VA's regulations and the Medical Inspector was not evaluating the effectiveness of the center's programs.

The Medical Inspector and VA medical centers are also responsible for investigating allegations of poor quality care. VA's Inspector General oversees the Medical Inspector's investigation activity and conducts audits that occasionally involve quality of care issues.

Retirement Before Age 65 Is a Growing Trend in the Private Sector (GAO/HRD-85-81, July 15, 1985)

GAO examined retirement age trends in the private sector in order to assist the Congress in its effort to devise a retirement system for Federal employees hired after December 31, 1983.

GAO found that age 65 is no longer the retirement age of most private sector workers. Rather, GAO's analysis indicated that 62 is the median age of retirement for individuals receiving a private pension. GAO also found that private pension receipt before age 65 has been a growing trend.

The Department of Labor's Oversight of the Management of the Teamsters' Central States Pension and Health and Welfare Funds (GAO/HRD-85-73, July 18, 1985)

GAO obtained information on the status of several civil suits the Department of Labor has initiated since 1978 against the Teamsters' Central States Pension and Health and Welfare Funds and some trustees and officials for allegedly mismanaging the Funds' assets. GAO's review disclosed that:

— In August 1984 a district court ordered the dismissal of Labor's suit against the former trustees and officials of the Pension Fund as part of a proposed settlement of two private plaintiff cases against the Fund. Labor's appeals to have the court's decision reversed were pending as of June 30, 1985.

— Reports by the court-appointed Independent Special Counsel, who helps the court administer a September 1982 consent decree negotiated separately between Labor and the then current Pension Fund trustees, indicated that the Fund and its trustees were complying with the decree.

— Labor's civil suits against the Health and Welfare Fund were partially settled through an out-of-court agreement with the Fund's trustees in April 1984 and consent decrees approved by a court in February 1985.

GAO also examined the likely impact on the Pension Fund of losses incurred on loans to three hotel/casinos in Las Vegas. The Pension Fund could suffer losses of about $421.3 million from the sale of the loans. Such a loss would represent less than 0.5 percent of the Fund's assets—estimated at $5.2 billion as of December 31, 1984—and probably would not significantly affect the Fund's operations.

Use of Unaudited Hospital Cost Data Resulted in Overstatement of Medicare's Prospective Payment System Rates (GAO/HRD-85-74, July 18, 1985)

When HHS computed Medicare's prospective payment rates for inpatient hospital services, it used unaudited cost reports. Because unaudited cost reports frequently include items that Medicare does not allow and the law calls for setting the prospective rates based on allowable costs, GAO performed a recalculation using audited cost reports for a sample of hospitals. A comparison of the HHS and GAO computations showed that the rates would be an estimated 2.98 percent lower using audited data.

Also, HHS did not remove all hospital capital costs from the data used to compute the prospective rates. These costs should have been removed because capital costs are paid separately from the prospective rates. GAO estimated that removing the remaining capital costs from the prospective payment computation would lower the rates by an estimated 1.29 percent and prevent double payment for these costs.

GAO recommended that HHS correct its data base for computing the prospective payment rates to remove the overstatement resulting from using unaudited cost data and the inclusion of some capital costs. Doing so would reduce Medicare payments by an estimated $940 million in fiscal year 1986 and by over $8 billion during fiscal years 1986-90.

Financial Conditions of Multiemployer Pension Plans Generally Improved From 1978 to 1980 (GAO/HRD-85-72, July 29, 1985)

MPPAA made major changes to Federal requirements for insuring and funding the benefits of over 8 million participants in about 2,500 multiemployer pension plans. The changes were enacted because of concern raised in 1978 that plans could place billions of dollars of unfunded benefit claims on the Federal insurance program administered by the Pension Benefit Guaranty Corporation.

GAO estimated selected financial condition indicators for 1,276 plans with 100 or more participants for the period MPPAA's provisions were being considered—from 1978 to 1980. These data establish a baseline for future analysis of plan changes and could be useful in considering legislative proposals.

The estimates indicate that the overall financial condition of the plans and the industry and participant size groups they covered generally improved during the period. Based on plan data, the plans' benefits were about 56 percent funded by assets in 1978. By the end of 1980, their benefits of about $46 billion were 66 percent funded. Further, the estimates indicate that the plans' overall ability to build asset reserves and generate sufficient contributions to pay for unfunded benefits remain adequate to strong.

However, the plans' contribution ratio (active to other participants) declined, and GAO's analysis of the 1980 indicators for 149 sampled plans showed that (1) the plans' unfunded benefits for about $11.2 billion posed a substantial contingent liability against the insurance program and (2) some individual plans may not be in adequate financial condition.

Procedures for Avoiding Excessive Rental Payments for Durable Medical Equipment Under Medicare Should Be Modified (GAO/HRD-85-35, July 30, 1985)

The extent and amount of excess costs resulting from long-term rentals of durable medical equipment have been the subject of two previous studies—one by GAO and another by an HHS grantee—that reached opposite findings and conclusions. These differences stemmed from the fact that the data on the length of equipment rentals in the two previous studies differed significantly.

GAO reexamined the issue and found that overall, Medicare still paid substantially more to rent some items than it would pay to purchase them. These excess rentals represented about 54 percent of the amounts allowed for lower cost items ($120 or less) and about 34 percent for higher cost items.

GAO recommended a modification to Medicare's method of reimbursement for lower cost items that would avoid a greater portion of excess costs and offered for the Congress' consideration an option for reducing excess costs on higher priced items.

Better Patient Management Practices Could Reduce Length of Stay in VA Hospitals (GAO/HRD-85-52, Aug. 8, 1985)

In fiscal year 1984, VA spent over $8 billion to provide health care to millions of veterans. This amount could rise sharply in the next two decades as millions more veterans become eligible for free VA health services. VA estimates that if it were to serve all eligible veterans requesting care by the year 2000, it would need an additional $5.9 billion to $24.5 billion in construction funds alone.

In conjunction with a consultant team of physicians and nurses, GAO analyzed medical files at seven VA medical centers throughout the country and found that 43 percent of days that medical and surgical patients spent in VA hospitals in fiscal year 1982 could have been avoided. In addition, the GAO Chief Medical Advisor's evaluation of patients at six of these facilities in fiscal year 1984 substantiated the consultant's findings.

GAO's review focused on opportunities to reduce lengths of stay through more efficient patient care practices. By reducing lengths of stay in its hospitals, VA could free beds to serve additional veterans. If the expected increase in demand for VA medical care does occur, VA would be in a better position to meet more of the demand with its existing supply of acute care beds.

This report contained recommendations for establishing more efficient patient management practices as a key step in achieving reduced length of stay.

CHAMPUS Has Improved Its Methods for Procuring and Monitoring Fiscal Intermediary Services To Process Medical Claims (GAO/HRD-85-56, Aug. 23, 1985)

In October 1982, Blue Shield of California was awarded the Southeastern regional contract to process medical claims submitted by beneficiaries and health care providers under CHAMPUS.

GAO and CHAMPUS reviews of this and other related procurements pointed out weaknesses in the process. When these matters were brought to CHAMPUS' attention, corrective actions were taken that should improve the procurement process. Therefore, GAO did not make recommendations in this report.

Blue Shield of California began operations in May 1983 under the Southeastern contract at a low level of performance and, as of June 1984, still was not meeting most critical CHAMPUS performance standards. As a result, CHAMPUS issued a new solicitation seeking offerors for the regional contract and in January 1985 awarded the contract to another fiscal intermediary.

Stabilizing Social Security—Which Wage Measure Would Best Align Benefit Increases With Revenue Increases (GAO/IMTEC-85-13, Aug. 17, 1985)

The Social Security Amendments of 1983 included an automatic mechanism to help align Social Security benefit payment increases with revenue increases if Social Security reserves fall below a specified level. GAO was asked which of several wage measures would be the most timely and accurate to use in this alignment.

GAO evaluated eight wage measures and found that two—the currently used SSA average wage index and the Bureau of Labor Statistics' Employment Cost Index—would be the most timely and accurate to use an automatas mechanism. Although the Employment Cost Index is slightly better at indicating revenue increases, the limited number of years of data that could be analyzed (only 8) provided inconclusive evidence that it would be the clearly superior measure to use.

HHS, the department responsible for the Social Security program, generally agreed with GAO's overall findings and conclusions.

Consolidating Procurement of Medical Equipment Could Save Money (GAO/NSIAD-85-125, Aug. 27, 1985)

During fiscal years 1982 through 1984, DOD and VA medical facilities purchased over $1 billion worth of medical and related equipment, mostly on a local, decentralized basis. GAO believed that DOD could procure many of these items on a centralized, consolidated basis and estimated savings averaging 11 to 15 percent, or $2.6 million to $3.5 million on the DOD items sampled. GAO believed that VA might also be able to procure more items on a consolidated basis and realize price savings, but GAO could not conclusively demonstrate this because VA lacks specific, decentralized data on its facilities' equipment procurements.

Consolidating equipment procurements might also (1) reduce the administration costs associated with awarding and administering contracts and (2) establish a basis for DOD and VA to share procurements of commonly used equipment items as they now share procurements of drugs and medical supplies.

GAO recommended that the Secretary of Defense and the Administrator of Veterans Affairs take several actions to achieve these potential economies.

VA Needs Better Control Over Its Payments To Private Health Care Providers (GAO/HRD-85-49, Aug. 28, 1985)

In fiscal year 1984 VA's Department of Medicine and Surgery paid out about $93 million to private physicians and other health care providers for care provided to eligible veterans. GAO evaluated DM&S' system for determining how much it pays these providers for medical services.

DM&S' policy provides that clinics are to establish an appropriate fee for each procedure performed by private providers. The maximum allowable fee is to be at or above the middle of the range of fees charged the general public but is not to approach the top of the range (90th percentile). At the five clinics GAO reviewed, 74 percent of the maximum allowable fees examined fell outside the intended range. As a result, these clinics, which accounted for about 15 percent of all claims processed by 79 VA clinics in fiscal year 1983, often paid health care providers either more or less than they should. This problem existed because DM&S' system for developing and applying fee schedules was not adequately maintained or updated and was difficult to administer. Since all clinics use this system, GAO believed that the problems identified at the five clinics would be found at other clinics.

GAO recommended that, rather than updating its existing fee schedule system, SM&S use fee schedules from other Federal programs to pay private health care providers.

Comparison of Federal and Private Sector Pay and Benefits (GAO/GGD-85-72, Sept. 4, 1985)

This report provided comparative information on pay, retirement benefits, health and life insurance, annual and sick leave, and holidays in the Federal and private sectors.

Compensation programs in the two sectors consist of many elements that must be considered overall if meaningful conclusions on the comparability of compensation levels are to be made. Information GAO analyzed showed that some elements of the Federal compensation program are superior but, overall, Federal pay and benefits lag the private sector.

20 Years of Federal Mass Transit Assistance: How Has Mass Transit Changed? (GAO/RCED-85-61, Sept. 18, 1985)

The department of transportation has spent over $30 billion to help improve mass transit. This report examined changes in transit service and ridership since Federal assistance began and the extent to which they have resulted in the social, economic, and environmental benefits generally associated with mass transit improvements.

Federal funds have helped reverse the service and ridership declines that prompted Federal mass transit funding. However, service costs have grown rapidly, and ridership gains nationwide have not increased transit's share of the commuting market.

Mass transit has helped address a number of urban problems of congressional concern, such as traffic congestion, air pollution, energy consumption, and transportation for low-income, elderly and handicapped persons. However, the general expansion of transit service may not be the most effective or efficient means of addressing these problems.

Summary of 1983 Federal Pension Plan Information (GAO/AFMD-85-69, Sept. 26, 1985)

Federal pension plan administrators are required by Public Law 95-595 to file annual reports with the Congress and the Comptroller General. This report summarized the principal financial, acatuarial, and general information reported on federal pension plans for 1983, the most recent information available, and included selected comparative data for 1979 through 1983.

Social Security Administration's Computer Systems Modernization Effort May Not Achieve Planned Objectives (GAO/IMTEC-85-16, Sept. 30 1985)

SSA relies heavily on computers to disburse billions of dollars to beneficiaries each year. By the late 1970's the agency's automated system had degenerated to a point that its ability to perform its mission was affected. In 1982, SSA initiated a $500 million plan to modernize its computer systems. SSA now estimates the program will cost $863 million through fiscal year 1989.

SSA has made some progress in modernizing these systems; however, a critical part of the plan—software—is behind schedule. Further, SSA has not followed the original plan's approaches. Although SSA has taken some actions to improve its management and control over the plan, recurring problems still impede progress. GAO was concerned that SSA's approach to implementing the modernization plan may not achieve stated objectives.

Current Status of the Federal State Arrangement for Administering the Social Security Disability Programs (GAO/HRD-85-71, Sept. 30, 1985)

How effective is the joint Federal State administration of the Social Security Disability Insurance and Supplemental Security Income programs, and should the Federal Government take over the entire administration (federalization) of these programs? To answer these questions, GAO reviewed the operations of four State disability determination services and the oversight responsibility of SSA.

GAO examined two alternative approaches for administering the programs—total federalization and contracting out. GAO concluded that, while neither appeared to produce better disability decisions than the current arrangement nor to save program dollars, improvements can be made in the current administration of the programs. Administrative variations among States that were previously identified still existed, GAO found, but better SSA directives and guidelines would help the States improve program management

The Congress Should Consider Amending the Medicare Secondary Payer Provisions to Include Disability Beneficiaries (GAO/HRD-85-102, Sept. 30, 1985)

The Congress has amended the Social Security Act three times to make Medicare the secondary payer to employer-sponsored group health insurance. As a result, when Medicare beneficiaries between the ages of 65 and 70 and those with end stage renal disease are covered by group health insurance, this insurance pays for medical services to the extent of its benefits and Medicare pays the remainder. In addition, the Congress is considering extending the working aged provision to beneficiaries 70 and older. Disabled Medicare beneficiaries represent the last major group for whom Medicare is the primary payer when they are also covered by employer-sponsored group health insurance.

GAO estimated that 9 percent of disabled Medicare beneficiaries under age 65 were covered by their spouses' employer-sponsored group health insurance. GAO believed that the Congress should consider extending Medicare's secondary payer status to disabled beneficiaries. Doing so could reduced Medicare payments by up to $491 million in fiscal year 1986 and by up to $2.9 billion during fiscal years 1986-90.

Constraining National Health Care Expenditures: Achieving Quality Care at an Affordable Cost (GAO/HRD-85-105, Sept. 30, 1985)

In 1984, the Nation spend over $387 billion for health care, more than 10 percent of its gross national product, or $1,580 for each person in the United States. In spite of these expenditures and commitment, millions of Americans do not have access to care because they lack adequate health insurance.

Many are questioning traditional medical practices, payment policies, and health care delivery settings, as well as how to use costly new technologies and innovations. Much action has been taken to constrain national health expenditures, but more will have to be done by all sectors of our society.

GAO's goal was to identify those issues that, by general agreement, need to be addressed to preserve the Nation's health care system at an affordable amount. This report should help policymakers deal with health care cost containment issues by encouraging productive debate on the alternatives available and areas that need further exploration.

Simulations of a Medicare Prospective Payment System for Home Health Care (GAO/HRD-85-110, Sept. 30, 1985)

Representative Claude Pepper asked GAO to simulate the payment rates that would result from adopting a potential prospective payment methodology for home health care services provided under Medicare. He wanted to know what rates would look like before formally proposing the methodology in a legislative bill. Essentially, the methodology simulated would set rates for the various types of home health visits at the 75th percentile of the cost per visit for each type and would have separate rates for urban and rural home health agencies. The simulation results indicated that rates under such a payment-setting method would be 15 percent higher than the average costs incurred by Medicare under its current retrospective cost-based payment system.

Initial Results of a Survey on Employee Stock Ownership Plans and Information on Related Economic Trends (GAO/PEMD-85-11, Sept. 30, 1985)

GAO is conducting a major study of the extent to which Employee Stock Ownership Plans (ESOP's) are achieving the goals of broadening the ownership of corporate stock, providing a mechanism for financing corporate growth, and improving the productivity of corporations. Tax legislation provides certain incentives to firms to create ESOP's and other employee benefit plans. In this report, GAO presented the initial results of a census of ESOP's as well as background information on the (1) distribution of stock ownership, (2) sources and uses of corporate funds, and (3) productivity trends in the United States and selected industrial countries.

LETTER REPORTS

No Need for the Congress to Reverse 1981 Decision to Deny U.S. Merchant Seamen a Government-Financed Health Care Program (GAO/HRD-85-2, Oct. 23, 1984)

Need for Legislative Change Affecting the Medicaid Program (GAO/HRD-85-9, Oct. 23, 1984)

VA Needs a Systematic Approach to Assess the Management of Its Outpatient Clinics (GAO/HRD-85-15, Dec. 7, 1984)

Improved Guidance Could Result in More Cost-Effective Sizing of Military Medical Facilities (GAO/HRD-85-32, Dec. 31, 1984)

Options to Consider for Certain Employee Groups in Designing the New Civil Service Retirement Program (GAO/GGD-85-22, Jan. 7, 1985)

Information Requirements for Evaluating the Impacts of Medicare Prospective Payment on Post-Hospital Long-Term-Care Services: Preliminary Report (GAO/PEMD-85-8, Feb. 21, 1985)

Need to Improve Internal Controls to Curtail Possible Fraud and Abuse in the Railroad Retirement Board's Unemployment and Sickness Insurance Program (GAO/HRD-85-37, Feb. 27, 1985)

Medicaid Overpayments Made to Hawaii Should Be Disallowed (GAO/HRD-85-47, Mar. 20, 1985)

The Veterans Administration's Organizational Structure for Managing Computer Resources Complies With the Paperwork Reduction Act (GAO/IMTEC-85-6, Mar. 21, 1985)

Annual Report Required by District of Columbia Retirement Reform Act, as Amended (GAO/GGD-85-41, Mar. 22, 1985)

Payment for Inpatient Alcoholism Detoxification and Rehabilitation Services Under Medicare Needs Attention (GAO/HRD-60, Apr. 29, 1985)

Information on Veterans' Ability to Defray the Cost of Their Inpatient Care (GAO/HRD-85-63, May 3, 1985)

VA's Methodology for Setting Priorities for Nursing Home Care Construction Projects for Fiscal Year 1986 (GAO/HRD-85-70, May 17, 1985)

VA's Justification for the Number of Beds Planned for the Philadelphia Hospital and Nursing Home (GAO/HRD-85-69, June 13, 1985)

GAO's Assessment of Affidavits Concerning HHS' Proposed Debarment of the Paradyne Corporation (GAO/IMTEC-85-12, June 17, 1985)

Interim Report on the Department of Labor's Management of the ERISA Enforcement Program (GAO/HRD-85-82, June 24, 1985)

Medicare Part B Beneficiary Appeals Process (GAO/HRD-85-79, June 28, 1985)

VA Justification for Construction of Nursing Home Care Units at Amarillo, TX, and Tucson, AZ (GAO/HRD-85-80, Aug. 12, 1985)

Future Usefulness of Admission Pattern Monitoring System is Questionable (GAO/HRD-85-94, Aug 20, 1985)

Impact of Offsetting Earnings From VA's Work Therapy Programs from Veterans' Pensions (GAO/HRD-85-97, Aug. 27, 1985)

Social Security Administration's Progress in Modernizing Its Computer Operations (GAO/IMTEC-85-15, Aug. 30, 1985)

Additional Changes to the Medicare Reimbursement Rates for Major Joint Procedures Are Needed (GAO/HRD-85-109, Sept. 12, 1985)

ENCLOSURE II.—*GAO Audits in Process Concerning the Elderly*

Survey of Utilization Review for Use of Intensive Care Units Under Medicare and Medicaid

Review of Effect on Medicare/Medicaid Costs of Hospital Conversions From Not-For-Profit to Proprietary Status.[1]

Review of HCFA's Health Maintenance Organization Demonstration Projects in South Florida.[1]

Data on Relationships of Physicians' Gross and Net Income by Speciality, Place of Service, and Source.[1]

Study of HHS' Contracting for Medicare Claims Processing.[1]

Survey of Medicare Payments for the Services of Teaching Physicians.[1]

Evaluation of Medicare's Comprehensive Outpatient Rehabilition Facility Reimbursement.

Evaluation of Medicare's Third Party Liability Program.

Evaluation of HCFA's Control Over Unnecessary Medicare Admissions and Premature Discharges.

Survey of the Appropriateness and Impact of Medicare's Fee Schedule for Laboratory Services.[1]

Survey of HCFA's Ongoing Efforts to Assure the Appropriateness of Medicare DRG Payment Rates.

Review of New York State Survey and Certification Activities for Medicare and Medicaid Providers.[1]

Survey of U.S. Soldiers and Airman Homes.[1]

Retirement Claims Processing Management.[1]

Review of the Social Security Administration Staff Cuts.[1]

Review of the Social Security Administration Field Offices.[1]

Capping Report on Multiemployer Pension Plan Amendments Act's Effects.[1]

Reversion of Excess Pension Assets to Employers.[1]

Effects of Pension Plans' Underfunding on the Government Insurance Program.[1]

Management Review of the Social Security Administration.

Survey of Veterans Administration Directly Operated and Contract Nursing Home Care Programs.

Survey of Veterans Administration Domiciliary Program.

Review of the Social Security Administration Claims Modernization Project.[1]

The Social Security Administration System Engineering and Integration Contract.[1]

Veterans Administration Compensation and Pension System.[1]

Veterans Administration Decentralized Hospital Computer Program.[1]

Review of Section 202 Elderly Housing Program.[1]

An Inventory and Analysis of Retirement-Related Forecasting Models.

Cost Analysis of Changes to the Civil Service Retirement System Benefit Structure Pertaining to Part-Time Employment.

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[1] Being performed at the request of Committees or Members of Congress.

Effectiveness of Intermediary Audits in Controlling the Use of Medicare Home Health Services.[1]

Review of Current State Enforcement Efforts for Medicaid Nursing Home Standards.

Review of Medicaid Nursing Home Reimbursements.

Survey of Medicaid Nursing Utilization Review.

Review of State Cost Reporting of Medicaid Home and Community-Based Services.

Survey of Arizona's Health Care Cost Containment System.[1]

Review of Medicaid Lock-In Programs.

Review of Medicaid Lock-Out Programs.

Survey of the Mentally Retarded in Skilled and Intermediate Care Nursing Homes.

Survey of Federal Employees Health Benefits Program Reserves.[1]

Impacts of Aging on Federal Programs and Expenditures.

Study of Volume Providers of Medical Exams for the Social Security Disability Insurance Program.[1]

Study of VA Unemployability Benefit Awards.[1]

Review of Results of Match of VA and IRS Records.

Survey of SSA's Face-to-Face Hearings Demonstration Projects, Vocational Rehabilitation Program, and Implementation of the Medical Improvement Standard.[1]

Evaluation of SSA's Implementation of the 1984 Legislative Changes in Adjudicating Mental Improvements.[1]

Review of VA's Timeliness in Obtaining Military Medical Records From DOD and GSA Facilities.[1]

Managing VA: Increasing Program Efficiency and Effectiveness Through Financial Management Improvements.[1]

The Financial Position of the Pension Benefit Guaranty Corporation is Unauditable Because of Continuing Auditing and Internal Control Problems.

Financial Audit of the Civil Service Retirement System Statements for Fiscal Year 1984.

ENCLOSURE III.—*GAO Activities Affecting the Elderly*

GAO appointed 885 persons to permanent and temporary positions during fiscal year 1985. Of that number, 142 were age 40 and older. As of September 30, 1985, GAO had 2,429 persons 40 and older (42.5 percent of our work force) on the rolls.

GAO employment policies prohibit discrimination based on age. Our Civil Rights Office continues to provide information and advice to persons regarding allegations of age discrimination.

For employees nearing retirement age, GAO continues to provide individual retirement counseling and preretirement seminars. The seminars and counseling are intended to assist employees in:

- —calculating retirement income available through the Civil Service and Social Security systems and in understanding options involving age, grade, and years of service;
- —understanding health insurance and survivor benefit plans;
- —acquiring information helpful in planning a realistic budget based on income, tax obligations, and benefits and in making decisions concerning legal matters;
- —gaining insights and perspectives on adjustments to retirement;
- —increasing awareness of those community resources that might support preretirement planning, second careers, and financial planning; and
- —increasing awareness of lifestyle options during the transition from work to retirement.

ITEM 22. LEGAL SERVICES CORPORATION

DECEMBER 11, 1985.

DEAR SENATOR HEINZ: Thank you for your letter of October 31, 1985, requesting information needed by your Committee for Part II of its publication entitled Developments in Aging. Please find enclosed materials that I trust are responsive to the guidelines you submitted.

All of us at the legal Services Corporation share a sincere concern not only with the special legal needs of the elderly in our society, but also with the availability of access to justice for the elderly to see that those needs are met. As the enclosed materials indicate, the Corporation is currently involved in a wide range of activities to accomplish both of those goals.

Thank you for the opportunity to provide this information. If I can be of further assistance to your Committee or you, please do not hesitate to contact me.

Sincerely,

JAMES H. WENTZEL, *President.*

Enclosure.

THE ELDERLAW PROJECT

In 1984 Congress allocated $2 million to the Legal Services Corporation to increase "quality legal services to the elderly by: (1) developing classroom and bar association source materials on law affecting the elderly for use by law schools, the private bar, legal services grantees, and in continuing education seminars; (2) developing plans to encourage to do more to provide better pro bono services for elderly and higher quality legal services; and (3) developing a clinical program to supplement local Legal Services Corporation grantees . . ." Public Law 98-411. The project also had to plan for the dissemination of results from the funded projects.

In implementing this project, the Corporation solicited proposals nationwide. After extensive review by Corporation staff in conjunction with panels of experts from the law school community, the "Aging" network, the local legal services community, and the private bar, LSC granted $1,636,910 to a total of 20 law school clinics, $140,270 for the development of six sets of source materials, and $222,820 to a total of 11 private bar pro bono projects. Following is a synopsis of those projects which were funded in 1985 by the Elderlaw project and will continue operation over the next 2 years.

LAW SCHOOL CLINICS

Franklin Pierce Law Center: Institute for the Elderly and their Health, Concord, NH. Grant Amount: $100,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Bruce E. Friedman.

The project expands the present clinical program and is supplemented with resource funds from Dartmouth Medical School. Case types include: access to medical care, guardianship, surrogate decision-making, right to treatment, and right to refuse treatment. The clinic also counsels the families of Alzheimer's victims.

Brooklyn Law School: Senior Citizen Law Office, Brooklyn, NY. Grant Amount: $97,150; Grant Period: 7/1/85 to 6/30/87; Contact Person: Stacy Caplow.

The clinic gives priority to the particular legal and social service needs of the frail elderly. During its first year, the clinical is developing community outreach techniques, preparing legal resources, and identifying pertinent issues concerning the frail elderly. During its second year, the unit will develop broader strategies to assist its clients.

George Washington University: Elderlaw Clinic, Washington, DC. Grant amount: $92,122; Grant Period: 7/1/85 to 12/31/86; Contact Person: Eric Sirulnik.

The University has expanded its clinical program to serve the elderly in the areas of conservatorships and of trusts and estates. Previously, the clinic handled landlord/tenant, consumer, domestic relations, small claims, bankruptcy, and entitlements and benefit issues for the elderly.

Campbell University: Campbell University Hospice and Probate Program: Buies Creek, NC. Grant Amount: $48,975; Grant Period: 8/1/85 to 6/30/87; Contact Person: Richard L. Braun.

The elderlaw clinic at Campbell University established a Hospice and Probate Program offering to third year students. The program is directed by a probate professor and students are supervised by practicing attorneys. The students visit clients at the hospice or the Probate Office of the courthouse.

Catholic University: Columbus Community Legal Services, Washington, DC. Grant Amount: $99,750; Grant Period: 7/1/85 to 6/30/87; Contact Person: Ellen M. Scully.

Catholic University offers a unique alternative in its Elderlaw division. The offering is open to night students who are not ordinarily able to participate in clinical programs. The students provide legal services to the institutionalized and homebound elderly in Washington, DC.

West Virginia University: West Virginia Elderlaw Project, Morgantown, WV. Grant Amount: $74,217; Grant Period: 7/1/85 to 6/30/87; Contact Person: Marie Ashe.

The clinic serves to the elderly poor in rural Appalachia. The existing clinical program added an additional attorney to increase its caseload. Approximately one-half of all accepted cases are directed to provide direct legal services to the elderly through third-year law students.

College of William and Mary, Marshall-Wythe School of Law: Elderlaw Project, Williamsburg, VA. Grant Amount: $80,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: John Levy.

A clinical supervisor and eight law students per semester represent elderly clients referred to them through the Peninsula Legal Aid Center, Inc. The clinic members are also writing source materials to be used by legal aid societies throughout the State, based upon the clinic legal experiences.

University of Alabama: University of Alabama Clinical Programs, University, AL. Grant Amount: $92,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Stephen C. Emens.

The University of Alabama Clinic provides legal assistance to low-income persons over 60 years old in a 10 county area of Western Alabama. They have adopted a supervising attorney—law student model to provide direct services. This is supplemented by a weekly seminar and a course called Law and the Elderly.

Stetson University: Elderlaw Project, St. Petersburg, FL. Grant Amount: $80,000; Grant Period: 8/1/85 to 6/30/87; Contact Person: Ronald Halpern.

A civil clinic addresses the needs of the elderly. Stetson University faculty instruct participating students while legal services attorneys at Gulfcoast Legal Services, Inc., and Bay Area Legal Services, Inc., supervise their work.

Thomas M. Cooley Law School: Sixty Plus Law Center, Lansing, MI. Grant Amount: $56,829.78; Grant Period: 10/1/85 to 6/30/87; Contact Person: Kent Hull.

The clinic has added 10 more law students and an additional supervising attorney to its clinic. The clinic exists mostly through the willingness of area attorneys to volunteer time. The law school believes that legal services funding will give it breathing space to secure the long term funds necessary to continue the clinic.

Southern Illinois University: Elderlaw Project, Carbondale, IL. Grant Amount: $80.861; Grant Period: 7/1/85 to 6/30/87; Contact Person: Howard Eisenberg.

This Title III recipient services 13 rural counties in Southern Illinois. A total of 19 law students provide legal services at senior centers throughout the area. The program has expanded its lawyer referral system and experiences a great degree of cooperation from the local legal services program.

University of New Mexico: Elderlaw Project, Albuquerque, NM. Grant Amount: $100,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: J. Michael Norwood.

This grant allows for the continued operation of a rural outreach office. An additionl 6 to 10 students can participate each semester; the clinic can expand to another two or three rural areas and serve 120 to 200 more cases per semester.

Loyola of Chicago: Loyola of Chicago Law School Clinical Program, Chicago, IL. Grant Amount: $59,515.22; Grant Period: 7/1/85 to 6/30/87; Contact Person: Henry Rose.

Five students have been added to the existing clinical program. These students focus on delivery of legal services to the isolated, homebound, institutionalized and frail elderly. The students also provide legal education to senior citizens in 14 Senior centers in New Orleans.

Thurgood Marshall School of Law: Elderlaw Project, Houston, TX. Grant Amount: $86,220; Grant Period: 7/1/85 to 6/30/87; Contact Person: Jesse M. Bethel, Jr.

This clinic focuses on preventive law by educating clients as to their legal rights. The law school hopes to sensitize its students to the critical legal needs of the elderly.

University of Texas at Austin: Senior Citizen's Law Project, Austin, TX. Grant Amount: $75,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Michael Rosenthal.

This is a joint project between the University of Texas at Austin and the Legal Aid Society of Central Texas. A law professor instructs students in the pertinent legal issues of the elderly while the Legal Aid Society will supervise students providing direct legal services.

University of Nebraska: Elderlaw Project, Lincoln, NE. Grant Amount: $99,070; Grant Period: 7/1/85 to 6/30/87; Contact Person: Peter T. Hoffman.

The University of Nebraska has joined with the Lincoln Information Services for the Elderly to service the elderly poor in an eight-county area. The clinic enrolls 48 students who will also create source materials.

Northwestern School of Law of Lewis and Clarke College: Elderlaw Project, Portland, OR. Grant Amount: $55,200; Grant Period: 7/1/85 to 6/30/87; Contact Person: Richard A. Slotee.

The legal services funding permits Lewis and Clarke to add 10 new law students and a third attorney to its legal clinic. These students focus exclusively on the legal problems of the elderly in a heavily populated two-county area.

Drake University: Senior Citizens Legal Services Program, Des Moines, IA. Grant Amount: $100,000; Grant Period 7/1/85 to 6/30/87; Contact Person: Daniel L. Power.

Drake University's Senior Citizens Legal Services Program sensitizes and instructs law students on issues concerning the elderly. The students apply their acquired knowledge by delivering direct services for the elderly. Outreach is performed through a traveling mobile home which students drive to remote areas of rural Iowa. The mobile home provides the necessary privacy for confidential client interviews.

McGeorge School of Law, University of the Pacific: Greylaw, Sacramento, CA. Grant Amount: $100,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Glendalee Scully.

McGeorge School of law views the elderly as the "new poor" with distinct problems resulting from limited assets. As such, the clinic is geared for last illness and after-life planning. The students are taught and encouraged to develop the sensitivity to relieve the anxiety the elderly feel about securing health care and entitlements.

University of Utah: Elderlaw Program, Salt Lake City, UT. Grant Amount: $60,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Linda F. Smith.

The University of Utah's multi-faceted approach is on: (1) An outreach program to the institutionalized elderly; (2) placement of students in the Utah Legal Services office; and, (3) a particular focus on the legal issues of the institutionalized elderly (e.g., abuse, neglect, and financial exploitation).

SOURCE MATERIALS DEVELOPMENT

University of Southern California (USC), Los Angeles, CA. Grant Amount: $50,000; Grant Period: 7/1/86 to 6/30/87; Contact Person: Martin L. Levine.

USC is a noted law school in the country for its research work on issues facing the elderly. The University plans to sponsor a textbook for use in law schools which will survey income maintenance, health issues and related topics as they affect the elderly. Special segments will be devoted to legal services providers and private bar programs for the elderly.

Milwaukee Young Lawyers, Milwaukee, WI. Grant Amount: $4,558; Grant Period: 1/1/86 to 12/31/86; Contact Person: John T. Bannen.

Milwaukee Young Lawyers will soon begin production on skills practice videotapes. The tapes will concentrate on wills preparation, probate, and the right to death with dignity. The tapes will originally be distributed throughout Wisconsin.

Center for the Public Interest, Los Angeles, CA. Grant Amount: $22,712; Grant Period: 7/1/85 to 3/31/86; Contact Person: Alfred D. Buford III.

The Center for the Public Interest is preparing four videotapes to assist lawyers with appeals to the Social Security Administration for health care benefits. Although located in California, the Center is receiving production assistance from Texas, Arkansas, Connecticut, Oklahoma, and New Mexico. Regional inserts will make the tapes applicable for nationwide distribution.

Maryland State Bar Association, Baltimore, MD. Grant Amount: $5,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Paul V. Carlin.

The Maryland Bar is writing a manual on nursing home law. A preliminary Legal Services Corporation's survey indicated that this is an area where a resource manual is greatly needed. The primary emphasis of the manual will be on admissions contracts compared to Federal and State statutes regarding care for the elderly.

Nova Law School, Fort Lauderdale, FL. Grant Amount: $33,000.00; Grant Period: 7/1/85 to 6/30/86; Contact Person: Lynn E. Szymoniak.

The University contracted to prepare a practice manual for advocates representing social security claims. It will include: (1) A discussion of recurring and emerging issues in disability litigation; (2) sample pleadings; (3) a compilation of recent cases; and, (4) procedures to appeal claims beyond the administrative agency stage.

University of Pittsburgh, Pittsburgh, PA. Grant Amount: $25,000; Grant Period: 6/1/86 to 5/31/87; Contact Person: Alan Meisel.

The University will research and write the *Pennsylvania Elderlaw Manual*. The authors are members of the Benedum Gerontology Research Group. The manual will be a compendium of relevant Pennsylvania and Federal law which the Pennsylvania State Bar will disseminate.

PRIVATE BAR PRO BONO PROJECTS

Worcester County Bar Association, Worcester, MA. Grant Amount: $24,650; Grant Period: 10/1/85 to 9/30/86; Contact Person: Kathleen Miller.

The intent of this project is to increase pro bono representation to the elderly poor. Attorneys with the requisite knowledge will provide assistance with conservatorships, guardianships, and home equity conversion counseling. Volunteer attorneys will receive training and resource materials on Elderlaw.

Maryland State Bar Association, Baltimore, MD. Grant Amount: $6,500; Grant Period: 7/1/85 to 6/30/86; Contact Person: Paul V. Carlin.

The Maryland State Bar is organizing a statewide panel of attorneys who will be available to act as court appointed guardians of the property of disabled elderly persons when no appropriate relative or interested person is available, and the estate is too small to provide an adequate fee to an appointed attorney.

North Carolina Bar Association, Raleigh, North Carolina. Grant Amount: $35,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Linda Tucker.

The North Carolina Bar Association has created two model programs to involve private attorneys in delivering legal services to low-income persons. The first is based on referral/direct representation model. The second is a community based education and advice model. All participating attorneys will receive training seminars and materials.

Loyola University of New Orleans, New Orleans, LA. Grant Amount: $14,520; Grant Period: 7/1/85 to 6/30/86; Contact Person: John P. Nelson.

The University is combining a clinical education seminar with a project to create a manual to assist those who want to begin a pro bono project to serve the elderly. Each participating student must agree to accept a minimum of three elderly clients per year on a pro bono basis upon graduation.

Cincinnati Bar Association: Pro Seniors, Cincinnati, OH. Grant Amount: $23,400; Grant Period: 8/1/85 to 12/31/86; Contact Person: Martha Perin.

The bar association currently operates a Lawyer Reference for Senior Projects (LRSP). The Legal Services funding has allowed LRSP to expand into four rural areas. Participating attorneys offer a 25 percent reduction in fees to elderly below 150 percent of the poverty level and give pro bono services to two clients a year who are below the poverty level.

Senior Citizens Judicare Project, Philadelphia, PA. Grant Amount: $18,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Carole W. Soskis.

This is an independent legal services program. The service will recruit attorneys and law school students to assist the institutionalized and home bound elderly. The project will distribute a bi-monthly newsletter and hold six training seminars on elderlaw issues.

Allegheny County Bar Association, Pittsburgh, PA. Grant Amount: $20,000; Grant Period: 1/1/86 to 12/31/86; Contact Person: James Smith.

This project will enhance the pro bono efforts of Neighborhood Legal Services and the Legal Aid Society of Pittsburgh by injecting the local bar association into the stream of service offered to the elderly. The legal services offices will do intake screening and refer cases to volunteer lawyers.

Larimer County Bar Association of Colorado, Fort Collins, CO. Grant Amount: $3,750; Grant Period: 7/1/85 to 6/30/86; Contact Person: Wallace D. Prugh.

The Bar Association will hire a paralegal to do intake screening 5 hours a week at various on-site locations. The Bar will also encourage volunteer attorneys to handle overflow cases which the legal services office is unable to handle.

Alaska Pro Bono Program, Anchorage, AK. Grant Amount: $22,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Seth Eames.

This project is planned to utilize corporate attorneys from the major oil corporations in Anchorage, AK as well as from the private bar. Each attorney will routinely visit four senior citizen centers in and around Anchorage to handle wills, public entitlements issues, and consumer finance issues for the elderly.

North Dakota State Bar Association, Bismarck, ND. Grant Amount: $15,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Les Torgerson.

The State Bar is advertising and directly soliciting attorneys to join its pro bono project. The bar will educate those attorneys in the problems faced by low-income elderly individuals. The volunteers will each receive a handbook entitled, *Handling Legal Problems of the Elderly—A Handbook for North Dakota Attorneys.*

The Legal Aid Society, New York, NY. Grant Amount: $40,000; Grant Period: 7/85 to 6/30/86.

The Legal Aid Society is assisting the elderly poor through training volunteer attorneys, retired attorneys and law students to provide effective pro bono service. The trained services providers will travel to senior centers to provide those services.

ITEM 23. NATIONAL ENDOWMENT FOR THE ARTS

December 30, 1985.

Dear Mr. Chairman: I am pleased to report to you that during fiscal year 1985 the National Endowment for the Arts has been very active in recognizing and assisting older Americans.

This year marked the publication and distribution of over 9,000 copies of "The Arts and 504." This one-of-a-kind handbook provides detailed information on the best ways to make the visual, media, literary, design, and performing arts more available to special constituencies. Along these lines, we are supporting a series of regional workshops on accessibility for historic site directors. In this unprecedented effort, the National Trust for Historic Preservation is educating its membership on the architectural and programmatic needs of older and disabled visitors. These initiatives should substantially advance our work to create more arts opportunities for older people.

Building on our design for aging work, on February 14, 1985, we signed an interagency agreement with the Administration on Aging of HHS, the Department of Housing and Urban Development, and the Farmers Home Administration of the USDA to work more closely together toward improving the build environment for older people. To implement the goals of the agreement, a task force was established to plan specific efforts aimed at improving awareness in both the public and private sectors concerning the design needs of older Americans. The task force is also serving as the review committee for the "Design for Aging, An Architect's Guide" that is being produced by the American Institute of Architects Foundation through support from the Arts Endowment and the Administration on Aging.

Finally, the Arts Endowment is proceeding to analyze data collected in its 1982 Survey of Public Participation in the Arts. Using a probability sample of 17,254 American age 18 and older, the survey analysis indicates that older people attend live performing arts events much less frequently than younger ones. Further, perceived barriers to attendence for older people differ considerably from the population as a whole. For example, from the full sample surveyed, the most frequently mentioned barrier was "not enough time," as compared to the 65 years and older group who listed "health problems," "art form not available," and "too far to go" as their biggest barriers. This study should prove helpful to the Endowment and our grantees in better targeting the needs of older Americans through more responsive audience development efforts.

Be assured that the Arts Endowment will continue its work to make the arts a meaningful part of our older citizens' lives.

Enclosed are the Arts Endowment fiscal year 1985 activities report, "The Arts and 504" handbook, a copy of our new interagency agreement on design for older Americans, and related press releases.

I am gratful for the opportunity to provide you and members of the Special Committee on Aging with this update of our work for older Americans, and trust that it will be useful in completing your annual report to the Senate.

Sincerely,

F.S.M. Hodsoll, *Chairman.*

Enclosure.

Summary of Activities Relating to Older Americans, Fiscal Year 1985

The mission of the National Endowment for the Arts is "to foster the excellence, diversity and vitality of the arts in the United States;" and "to help broaden the availability and appreciation of such excellence, diversity and vitality." We recognize that creative expression flourishes and matures during our older years; further, the capacity to understand messages communicated in art seems to increase with age as one's life experiences are expanded and perceptions are sharpened.

Through a kaleidoscope of activities, we continue to pursue aggressively the goal of insuring that the arts are meaningful and available in the lives of older Americans, whether as artists, audiences, educators, or students. With this goal in mind, a great deal of emphasis has been placed on the recognition and celebration of the extraordinary achievements of some of our master artists.

OFFICE FOR SPECIAL CONSTITUENCIES

Of course, the Arts Endowment's office for Special Constituencies continues its work with the Agency's individual Programs and grantees, state and local arts organizations, as well as other Federal agencies. The Office also works with private groups representing special constituencies, to educate and advocate quality arts programming for older, disabled, and institutionalized people. This Office, which was established by the National Council on the Arts in 1976, accomplishes its work in a wide variety of ways through technical assistance, funding and advocacy initiatives as described throughout this report.

INTERAGENCY ACTIVITIES

Design for Aging

Continued focus on "design for aging" in the Office for Special Constituencies has seen results directed at the increasing number of Americans over 65 years of age. By 1990, 30 million Americans will be age 65 and older; the Nation's elderly have outnumbered teenagers since July 1983. Fundamental issues involving physical and mental health, as well as one's ability to live independently, have a direct bearing on design. Whether it is the physical barriers found in the houses or institutions supporting the elderly, proximity to community services, or their clothing, architects and designers can create environments that older persons can more fully use, operate, and enjoy. Design that is sensitive to the special physical and social needs of older Americans can facilitate independence, comfort and dignity for the aged among us. We need to use what we know and there is more to be learned.

In response to these issues, on February 14, 1985, the National Endowment for the Arts signed an interagency agreement with the Administration on Aging (AoA) of the Department of Health and Human Services, the Department of Housing and Urban Development (HUD), and Farmers Home Administration of the U.S. Department of Agriculture (FmHA). This cooperative effort is catalyzing these four agencies to share expertise and work together to improve awareness of the design needs of older persons in both the public and private sector. The agreement established an interagency task force that is working to implement the goals of the agreement.

As mentioned in last year's report, the Office for Special Constituencies and the Design Arts Program are working through the American Institute of Architects Foundation (AIAF) and the Administration on Aging to produce "Design for Aging: An Architect's Guide." The book is a practical guide to physical, psychological, and social issues of aging as related to design, and the quality of life for older persons. It is a ready-reference work, expected to occupy a place alongside the programmer's desk and the designer drawing table. AIAF will complete and begin marketing the guide in March, 1986. The interagency task force is serving as one of the review committees for the guide, and will further disseminate it to key administrators and architects involved with the four agencies.

Already, the task force has developed a design for aging competition for students in schools of architecture across the country. The competition is supported in part by the Arts Endowment's Design Arts Program and will be conducted by the Association of Student Chapters of the American Institute of Architects. Through the competition, we hope to sensitize future architects to the design needs of older people. The new design guide will be used as part of the competition's guidelines and resource materials. The task force felt this project would be one of the most effective ways of getting the guide into the hands and minds of design faculty and students.

Artist Residency in Veterans' Medical Center

Many older Americans are residing in veterans' medical centers. The Arts Endowment and the Veterans' Administration have todgether established an artist residency program at the Mountain Home Veterans Administration Medical Center in Johnson City, TN. This is one of six pilot programs to make the best arts available to patients of VA hospitals. The new musician-in-residence program demonstrates how music enhances the lives of patients in medical centers. The selected artist, Kathy D. Wattenbarger, has organized a varied music program for patients, including instrumental and choral music, and tours to area musical performances. She is also arranging for local talent to bring concerts to the medical center.

PROGRAM ACCESSIBILITY

As part of its technical assistance work, the Special Constituencies Office developed "The Arts and 504," a handbook on accessible arts programming, to assist arts groups in making their programs available to people with various kinds of impairments. In September 1985, over 9,000 copies were distributed to State and regional arts agencies and arts service organizations throughout the country. Because we have received requests for many additional copies, the U.S. Government Printing

Office is making the handbook available through its sales catalogue at a nominal fee.

A second publication, "The Creative Spirit: A Commentary and Annotated Bibliography on the Arts and Humanities and Aging," is forthcoming in May 1986 through Arts Endowment support of Washington, DC's National Council on Aging. The book grew out of our interagency agreement with the National Endowment for the Humanities and the White House Conference on Aging, as outlined in the fiscal year 1981 Summary of Activities to the Senate Committee on Aging. The bibliography encompasses much of the research and writings on quality arts and humanities programs involving older persons that has been done in the past decade. We anticipate that this book will prove highly useful and will broaden knowledge concerning the arts and humanities in the lives of older Americans.

The Special Constituencies Office continues to initiate model projects with the individual Endowment Programs to create a greater number of programs that demonstrate the best ways to open up the arts to older and disabled people. During fiscal year 1985, the Arts Endowment's Design Arts, Media Arts, Museums, and Inter Arts Programs participated in model projects with 12 grants totalling $209,530. For example, work with the Museums Program and the National Trust for Historic Preservation produced an educational program that helps historic site directors make their properties and activities more accessible to older and disabled visitors.

In this unprecedented effort, the National Trust for Historic Preservation has assumed a leadership role by providing its membership with a series of six regional workshops that address the architectural and programmatic needs of older and disabled visitors. Site directors are working with an advisory committee composed of older adults and disabled persons who discuss constraints posed by historic properties, and assist in evaluating current programs. The 2-day workshops began in Stockbridge, MA in September 1985, and the last session will be held at Mt. Vernon, VA in February 1986. The program includes matching grants up to $1,000 that are made available to the participating sites, on a competitive basis, to encourage the directors to put their newly acquired knowlege into practice.

SURVEY OF PUBLIC PARTICIPATION IN THE ARTS

Analytical work now in process with the computer data tapes from the Survey of Public Participation in the Arts shows lower attendance rates for older people, and provides a sharpened understanding of the relative importance of the several barriers. The average attendance rate for those over 18 was .82 arts events per year. This average declines with age:

Average number of events attended/year

Age	*Average*
total (18+):	0.82
18 to 24	.85
25 to 34	.93
35 to 44	.99
45 to 54	.86
55 to 64	.74
65 to 74	.59
75 and over	.35

Important differences show up in the perceived barriers to attendance by the older age groups, as compared to the population at large. For example, the population as a whole gave "not enough time" as the most frequently mentioned barrier, while the 65 and over age group ranked this reason eighth. The rank given by the older age group to the 10 barriers ranked most important by the overall population is shown below:

Type of Barrier	U.S. adult population	65 and over age group
Not enough time	1	8
Too expensive	2	5
Art form not available	3	2
Too far to go	4	3
Poor performance time	5	11
Lack of motivation	6	7
No one to go with	7	6

Type of Barrier	U.S. adult population	65 and over age group
Transport/traffic/parking problem	8	4
Babysitter or child care problem	9	16
Age or health problem	10	1

The complete analysis of these date show a substantially different set of problems for older persons who want to participate compared to younger persons who want to participate. "Time" and "cost" drop in relative importance; and instead—factors of distance, travel, lack of companions, and health take over as the critical barriers. The relative availability of leisure time and the reduced concern over expense indicate that older Americans may be an audience ready to be tapped.

ARTS ENDOWMENT FUNDING

The Arts Endowment supports programs in the design, media, literary, visual, and performing arts that serve and benefit people of all ages. However, many Arts Endowment grants provide support for activities that are targeted for the older consumer. Following are examples of these projects and fellowships, listed by the specific Arts Endowment Program providing the grant:

DISCIPLINE SUMMARY OF NATIONAL ENDOWMENT FOR THE ARTS DANCE

Choreographer's Fellowships are awarded to provide funds for any project or activity that will further the choreographer's creative development. Among those funded in FY 1985 who are older choreographers:

Katherine Dunham, of East St. Louis, IL.

Anna Halprin, of San Francisco, CA.

Hanya Holm, of New York, NY. Ms. Holm received one of the limited 3-year fellowships awarded this year.

Design Arts

University of Wisconsin-Milwaukee, in Milwaukee, WI, is involved in research to reduce peoples' disorientation in large buildings, hospitals, and the like.

The *City of Natchez*, in Mississippi plans to restore five historic buildings in the city including one senior citizens center.

Museum of Contemporary Art, in Los Angeles, CA, is presenting an exhibition documenting the historic Los Angeles 1945–1966 "Case Study House" program. The study commissioned 19 L.A. architects to create experimental prototypes for the "average" post-War suburban family which resulted in 23 case studies and 9 unbuilt designs. Drawings and models will cover the history. The Museum will apply the "case study" approach to contemporary problems using today's demographics by encouraging proposals, drawings and models to address specific needs such as housing for the elderly, artists, and single-parent families.

Expansion Arts

Akwesasne Museum/Cultural Center, Inc. of Hogansburg, NY, is training Mohawk youth through a series of workshops taught by elderly Mohawk artists. The participants will share valuable cultural knowledge and exhibit their traditional work at the end of the program.

Catamount Film and Arts Co./G.R.A.C.E. in St. Johnsbury, VT, is sponsoring training and workshops in the visual arts for elderly and special constituency artists. Their works—indigenous to rural Vermont—will be exhibited locally as well as nationally.

Carpetbag Theatre, Inc. in Knoxville, TN, will train aspiring senior actors in the city. Theater workshops have produced a strong group of talented seniors eager to continue dramatic work. This outlet will be enhanced in the project, "New Careers for Older Adults", which trains actors to work professionally with other companies in the Southeastern United States, and encourages them to develop their own dramatic works. The actors will tour other workshops in the area, sharing their experiences and feelings about aging. In addition, seniors with general office skills would be sought to assist with tour booking and bookkeeping.

Dance Exchange, Inc. of Washington, DC, conducts "Dancers of the Third Age," a dance program for older adults. Dance performances, classes and workshops are held throughout the metropolitan area.

OPUS, Inc./Arts and the Aging of Hartford, CT. presents noted, elderly Connecticut artists in performance series and cultural residencies in nontraditional settings such as senior centers, institutions and residencies. A citywide exhibit of works produced from the residencies by participants and audiences will be shown.

Inter Arts

Model Project

National Council on Aging in Washington, DC, through its *Center on Arts and Aging*, provides technical assistance to professionals in arts and in aging fields to involve older people as audiences, volunteers, patrons and participants. The Center is producing a resource guide and directory of available arts/aging programs.

Cambridge Arts Council, of Cambridge, MA, has developed a guide for older and disabled persons to performing, traditional, and unconventional arts activities in Cambridge. The guide was researched and written by a qualified, disabled staff member, and will be distributed throughout the Greater Boston area.

Lincoln Center for the Peroming Arts, Inc., of New York, NY, has implemented an audience development project to inform physically disabled audiences about the Center's accessible accomodations, and to interest them in its programs. The project includes a study of disabled audiences so that the Center can better address their needs.

Visiting Artists, Inc. of Davenport, IA, helps increase the participation of youth and adults from local long-term day care and residential treatment centers in its regular programming. Performing and visual artists will involve these audiences in their performances, which will also include transportation and sign language.

Folk Arts

University of Georgia in Athens, GA, is documenting banjo playing and story-telling of Georgian traditional music. Older artists such as W. Guy Bruce and Mabel Cawthon are captured on video.

Ketchikan Community College in Ketchikan, AK, supports instruction in traditional native crafts by sponsoring a one-week camp where the traditional arts are taught by older artists.

Museum of Native American Cultures in Spokane, WA, gives a series of storytelling sessions by local traditional Native American raconteurs for school groups and the public. Participating tribal storytellers include senior artists from the Nez Perce, Colville, Spokane, Yakima, Flathead, and Northern Cheyenne tribes.

Arts Council of Rockland in Pomona, NY, includes local senior traditional artists in residencies at the senior centers located in the County. Last year's included National Heritage Fellow, Martin Mulvihill, a traditional Irish fiddler; a Haitian dollmaker; and a woodcarver.

National Heritage Fellowships were awarded to 12 master traditional artists, whose work has been characterized by "authenticity, excellence, and significance within a particular artistic tradition." The recipients are generally older Americans who have developed their art over a lifetime.

Literature

Michael Cuddihy/Ironwood in Tucson, AZ, produces an issue devoted to the work of an older poet in its national magazine, in addition to a section reviewing work of a younger, experimental poet, and interviews.

In acknowledgement of the contribution of talented writers of poetry, fiction, and other creative prose, the following older writers received Fellowships for Creative Writers so that they may set aside time for writing, research, or travel in order to advance their careers:

Richard Day, of Arcata, CA, winner for fiction, is a teacher at Humboldt State University.

Robert P. Dana, of Coralville, IA, won a fellowship for poetry; he is a Professor of English at Cornell College in Mt. Vernon, IA.

Media Arts

Michelle Citron of Evanston, IL, is directing a feature length narrative film entitled "Great Expectations," about the human impact of high technology medicine. It will explore the quality of life from the point of view of people dependent on equipment to live, including several cases illustrative of the financial burden and physical dependence posed by recent technology.

Museum Program

Alternative Center for International Arts, Inc., in New York, NY, presents a solo exhibition by Irving Norman, a painter now in his eighties, who has previously exhibiterd only on the west coast. The retrospective exhibition will be accompanied by a catalog including essays by critics. The Alternative Museum has recently presented a number of older and mid-career artists who have not received due recognition.

Henry Street Settlement of New York, NY, provides continued thematic exhibitions, related events and series of arts classes and workshops with components directed to older persons and school children of the neighborhood. The large population of retired seniors in subsidized housing and other immigrant families in the area is served through workshops, such as one in sculpture using the participants' own personal materials (jewelry, photos, lace), or a recorded slide show as a personal account of experiences of emigration. Meanwhile, a series of annual exhibitions devoted to the East Side theme is underway; contemporary photos of the Lower East Side are exhibited, in which the seniors locate their buildings, friends, and places in which they live, shop, and walk. Showing the arts and cultural history of the neighborhood serves the diversity and heritage of many underserved populations while helping them survive changes in Henry Street, preserving it as a part of New York.

Music

SumArts, Inc. in Houston, TX, presents a special, free performance for senior audiences by established artists/ensembles as part of the annual Jazz Festival.

Aspen Wind Quintet in New York, NY, participates in residencies including workshops, master classes, and concerts for senior citizens and children at the University of Southeast Oklahoma and Eastern Montana College.

Senior Musicians Orchestra in New York presents a series of free concerts in senior citizen centers and community auditoriums in New York, its boroughs, and Long Island.

Dakota String Quartet of Sioux Falls, SD, performs throughout the Northern Plains, especially for senior audiences, farmers, ranchers, and Indian reservation families in South Dakota, North Dakota, Iowa, and Minnesota.

Strings for Schools, Inc., in Malvern, PA, performs free chamber Music concerts for older persons in extended care facilities, shopping malls, and airports in southeastern Pennsylvania.

Pro Musicis Foundation in West Los Angeles, CA, performs a concert series by emerging American soloists including 42 free recitals to low income, institutionalized community audiences as well as 21 major public recitals.

Opera-Musical Theater

Opera America as a Washington, DC, service organization, educates its members and provides on-site and telephone consultancies to member companies, while updating the Arts Endowment's publication, "504 Programs That Work." Opera America increases awareness of 504 regulations through "mini-award" incentives to opera companies which implement accessibility projects. Among the outreach programs within recent years under this incentive umbrella, the following companies have received recognition and continue to expand accessibility:

Cincinnati Opera, ECCO!, in Cincinnati, OH, for outreach to older, disabled, and terminally ill people.

Opera Theatre of St. Louis in St. Louis, MO, for its production of "The Old Maid and the Thief."

Cleveland Opera, of Cleveland, OH, presents 30 programs, comprised of two singers and one accompanist for senior citizen centers throughout the Greater Cleveland area. Each program consisted of 30–45 minutes of selections from opera, operetta, and musicals. A social period follows each performance, during which time the performers and their audience share the attention. Lasting friendships have been built through these yearly experiences.

Michigan Opera Theatre, of Detroit, MI, presents a series of three musical programs at a senior center and invites grandchildren of the members to attend. "Grandparents Day" served to encourage seniors to become teachers, and help the youth understand and appreciate the performance.

Syracuse Opera Company of Syracuse, NY, presented performances of highlights before residents of Loretto Geriatric Center in Syracuse from "HMS Pinafore," "Christmas Celebration," "Il Campanello," and "Alice in Wonderland." The Company also performed "La Traviata," "HMS Pinafore," "Barber of Seville," and "Romeo and Juliet" at the Civic Center, providing transportation for the audiences from the *Loretto Geriatric Center.*

Visual Arts

Visual Artists Fellowships were awarded this year to artists working in new genres, painting, and printmaking/drawing/artists books. The grants are given to help support the creative development of professional artists by enabling them to set aside time, purchase materials, and pursue their work. Older artists receiving the fellowships include:

Howard Conant, of Tucson, AZ, for painting.

Edward Dugmore, of New York, NY, for painting.

Ynez Johnston, of Los Angeles, CA, for painting.

Elsie Manville, of New York, NY, for painting.

Irene Schwachman, of Needham Heights, MA for printmaking.

MEMORANDUM OF UNDERSTANDING AMONG THE NATIONAL ENDOWMENT FOR THE ARTS, HHS/ADMINISTRATION ON AGING, USDA-FARMERS HOME ADMINISTRATION, AND DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

INTRODUCTION

The National Endowment for the Arts (NEA), the HHS/Administration on Aging (AoA), the USDA-Farmers Home Administration (FmHA), and the Department of Housing and Urban Development (HUD) enter into general agreement to work together, using primarily existing resources, (1) to develop better design for older people, and (2) to communicate to the respective constituencies of the four agencies methods to develop better design.

Design which is based on the needs of older people can significantly improve their capacity to live with dignity.

BACKGROUND

In June 1982 the American Institute of Architects (AIA), with the assistance of the National Endowment for the Arts, developed and convened the first Symposium on Environmental Design for Aging attended by design professionals, experts on aging, and federal agency staff.

As a result of this exploratory symposium, the AIA Foundation submitted a proposal to the Administration on Aging and received a grant of $95,000 to write a design guide that contains practical guidelines and building design information; to produce a computerized bibliography on design for the aging; and to conduct a pilot workshop on design for the elderly.

This agreement has been created to develop and expand upon this initial work—to distribute the design guide; make available the bibliography; and encourage workshops on aging for design professionals.

OBJECTIVES AND IMPLEMENTATION PLAN

This Memorandum of Understanding encourages and fosters coordinated efforts between the NEA, AoA, FmHA, and HUD. Its purpose is to help educate designers on the needs of older people so that designers address these needs in their work. These needs involve such issues as proximity to services, religious centers, and other community resources; accommodations for special physical needs—e.g., ramps, lighting, and noise levels; and special living arrangements—e.g., "granny housing," communal living, and institutions. These issues affect the work of architects, landscape architects, urban designers and planners, interior designers, industrial and product designers, and graphic designers.

To meet this purpose, the following actions are planned:

1. ***Establish an interagency task force.*** A formal task force will help these agencies focus on the design and community planning needs of older people, and thus help assure these needs are addressed in appropriate projects and programs of the respective agencies.

The Task Force will establish a working agenda which might include, for example, reviewing city planning criteria for locating elderly facilities and amenities, and identifying other government programs that influence the quality of elderly support services such as transportation, education, jobs, and access to community amenities.

2. *Use the expertise represented* among the federal agencies to raise the design standards (as they relate to the needs of aged people) and to reach design professionals. This may include:

—workshops and seminars, and

—audio-visual productions and exhibits.

3. *Work with public sector networks—other federal agencies as well as state and local governments—to improve the awareness of the design requirements of the aged.* Activities include:

—Production of additional copies of the Architectural Design Guide (that is being developed by AIAF through a grant from AoA) for dissemination to the respective agencies' constituents. This publication will be a practical guide to designing for older persons.

—Support for joint design conferences and symposia which bring together designers, gerontologists, and administrators of aging organizations to exchange ideas and information.

—Develop announcements and articles about design/aging activities for various guidelines and publications.

4. *Work with organizations representing professional schools of design and design students to make them aware of the design needs of older persons.*

This Memorandum of Understanding will be reviewed September 1986 to determine if further cooperative work would be valuable.

Alan Greenwald,
Acting, Deputy Under Secretary for Intergovernmental Relations,
U.S. Department of Housing and Urban Development.

Dorcas R. Hardy,
Assistant Secretary for Human Development Services,
U.S. Department of Health and Human Services.

Kathleen W. Lawrence,
Deputy Under Secretary for Small Community and Rural Development,
U.S. Department of Agriculture-Farmers Home Administration.

Carol Fraser Fisk,
Acting Commissioner on Aging, Administration of Aging.

Francis S.M. Hodsoll,
Chairman, National Endowment for the Arts.

FOUR FEDERAL AGENCIES SIGN AGREEMENT TO PROMOTE BETTER DESIGN FOR OLDER AMERICANS

Washington, DC.—Acknowledging that by the year 2030, nearly one of every five Americans will be over age 65, four Federal agencies today signed an agreement to improve building, landscape, product and graphic design for older Americans.

Officials of the National Endowment for the Arts, the Administration on Aging of the Department of Health and Human Services, the Farmers Home Administration of the Department of Agriculture, and the Department of Housing and Urban Development held a press conference to announce this cooperative agreement, the first such combined effort by the Federal Government to help educate designers on the needs of older people.

Arts Endownment Chairman Frank Hodsoll stressed the importance of this agreement in light of the growing number of older citizens. He said, "Unfortunately, many practicing architects and designers do not appreciate the changes and conditions which characterize old age in America—a situation we are striviing rectify."

Discussing the agreement, Assistant Secretary Dorcas R. Hardy of the Department of Health and Human Services, said the long-term goal of the new agreement is to improve the design of facilities "in order that older people may live with dignity in an environment that takes their needs into consideration."

Alan Greenwald, who heads the Intergovernmental Relations Office at the Department of Housing and Urban Development, and Kathleen W. Lawrence of the Department of Agriculture, both noted their agency's deep involvement in construction and design. They pointed out that this agreement would increase efforts to encourage planning, design, and construction with the needs of older Americans in mind, on all federally supported projects.

To implement the agreement, the four agencies will establish an interagency task force to:

—create a working agenda to focus on special needs,

—use their combined expertise to raise design standards and to reach out to design professionals,

—work with other Federal agencies and State and local governments to increase their awareness of the design needs of older people, and

—work with professional design schools and students to encourage their involvement and advocacy.

The cooperative agreement signed today stems from a 1982 Symposium on Environmental Design for Aging, sponsored by the American Institute of Architects and assisted by the Arts Endowment, which first brought together design professionals, experts on aging, and staff members from the related Government agencies.

The memorandum of understanding which formalized the agreement calls for the four Federal agencies to work together not only to develop new design concepts, but also to promote these new methods among their respective consitituents.

Of specific concern are the design problems of older people in the marketplace, at religious centers, and other community facilities; in meeting their needs with accommodations such as ramps, increased lighting, or sound amplification; and in their housing, whether single, communal, or institutional residencies.

An initial function will be to produce and disseminate to the widest audience within the public sector and the design fields, the Architectural Design Guide. The Guide is being developed by the American Institute of Architects Foundation through grants from the Administration on Aging of the Health and Human Services and the Arts Endowment.

ACCESS TO THE ARTS HANDBOOK AVAILABLE

WASHINGTON, DC.—"The Arts and 504, A 504 Handbook" [1] has just been published by the National Endowment for the Arts as a unique how-to guide for making arts programs accessible to disabled people. (See instructions below for ordering.)

In the Foreword to the publication, Endowment Chairman Frank Hodsoll said, "Audiences of every dimension deserve the opportuntiy to enjoy art, and it is the mission of the National Endowment for the Arts to encourage broad accessibility."

Hodsoll explained that the publication is designed to assist organizations in complying with the Endowment's 504 Regulations by incorporating the needs of disabled people into their overall programming efforts.

"Special constituencies should become less special: we anticipate the time when it is commonplace to design arts environments and programs for all people," he added.

The 97-page publication, which was produced by Barrier Free Environments, Inc., for the Federal arts agency, explains the Arts Endowment's 504 Regulations and describes various apporaches to access through audience development and staff training. It includes sections on communicating with hearing impaired people, visually impaired persons, and those with learning impairments. Other chapters look at specific arts disciplines—the visual arts, performing arts, literary, meida, and design arts.

Copies of "The Arts and 504 Handbook" are available from the Government Printing Office, Superintendent of Documents, Washington, DC 20402 for $3.75 each. Orders of 100 copies or more receive a 25-percent discount. When ordering please specify that you want "The Arts and 504 Handbook," Stock Number 036-000-00047-3.

For further information about the new handbook, or about the programs of the Endowment's Office for Special Constituencies, contact: (202) 682-5532 tel.

ITEM 24. NATIONAL ENDOWMENT FOR THE HUMANITIES

DECEMBER 12, 1985.

DEAR SENATOR HEINZ: I am pleased to enclose a report summarizing the major activities for or about the aging supported by the National Endowment for the Humanities in fiscal year 1985.

I hope that you and your committee will find this material useful. Please let me know if we can be of any further assistance.

Sincerly,

JOHN AGRESTO, *Acting Chairman.*

Enclosure.

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[1] In committee files.

REPORT ON ACTIVITIES AFFECTING OLDER AMERICANS IN 1985

I. INTRODUCTION

The mission of the Endowment, as mandated by Congress, is to lend support to individuals and organizations doing exemplary work that will make important contributions to the advancement or dissemination of knowledge in the disciplines of the humanities. NEH fulfills this mission by awarding grants in response to unsolicited proposals, primarily for specific projects, selected on the basis of merit after a rigorous process of review. The agency does not set aside fixed sums of money for work in any discipline or for any particular area of the country or group. As a result, there is no single program at NEH sepcifically for senior citizens; nor is there a program within the agency expressly designed to support the study of aging or the elderly. Rather, projects for or about senior citizens may receive support through the full range of Endowment programs.

Although the Endowment does not have programs specifically related to aging, NEH-supported products of all types (such as print materials, museum exhibitions, radio and television programs) are helping to bring the humanities to senior citizens. In addition, NEH-supported activities afford older Americans opportunities to participate in structured or informal education programs, to discuss topics in the humanities or questions illuminated by the humanities, and, to undertake works of scholarship.

Some of the ways in which older persons participate in the Endowment's programs are discussed in Section III of this report.

II. NEH ADMINISTRATIVE ACTIVITIES CONCERNING THE ELDERLY

In 1979, in order to insure that older Americans would have access to Endowment funds and programs, the Endowment published in the Federal Register its proposed regulations under the Age Discrimination Act of 1975. As a result of this publication, comments on the proposed regulations were received and considered. Preliminary approval of proposed NEH regulations has been received from the Department of Health and Human Services. During fisal year 1986 the Endowment's Equal Opportunity Office will be preparing regulations in final form for publication in the Federal Register.

In the fall of 1980, NEH, the National Endowment for the Arts (NEA), the Administration on Aging (AOA), and the White House Conference on Aging staff developed a Memorandum of Understanding, outlining long-term, comprehensive programs of cooperation in the areas of humanities, arts, and aging.

A cooperative plan containing an outline of upcoming activities concerning the aging resulted from regular meetings of NEH staff with representatives of NEA and AOA. The Endowment also sponsored a mini-conference on the use of the humanities by the elderly in February 1981, and Endowment staff attended the December 1981 White House Conference on Aging.

NEH support research on conditions in the humanities, including studies providing a wide range of demographic data on individuals pursuing advanced degrees in the humanities or those working in humanities institutions. Since 1977, for example, NEH has supported the Survey of Doctorate Recipients, which gathers data on the characteristics and career patterns of persons who have received a Ph.D. in the humanities. This data base provides analyses of the salaries, type, and location of employment of Ph.D.'s of any age category who have received a doctorate degree within the last 32 years.

III. PARTICIPATION BY OLDER AMERICANS IN NEH PROGRAMS

Every application for an NEH grant undergoes a rigorous review process designed to assess the quality of the envisioned project. Any person is welcome to apply; no one is barred from applying or receiving a grant because of age. Each year numerous projects are funded involving older persons as primary investigators, project personnel, or consultants. Sidney Hook and Cleanth Brooks, the last two Jefferson Lecturers—the Federal Government's highest honor for scholarship in the humanities—are merely the most conspicuous examples of many older Americans who have received recent NEH awards. The Endowment's support for the work of older scholars is particularly evident in the Division of Research Programs. Of course, this is no more than a reflection of the special strengths that many of the most senior scholars bring to research in the humanities. Often, older scholars possess a depth and breadth of knowledge that is unique. In some cases, older scholars are receiving NEH support to continue long-term, collaborative research projects that they have directed over a period of many years.

Several examples of grants awarded during fiscal year 1985 to well-known and widely respected scholars, 65 years of age or older, illustrate the general excellence of NEH-supported research currently being done by older Americans:

—$43,031 to Bernard Lewis in support of continuing costs associated with producing the "Encyclopedia of Islam." This project is a monumental, long-term effort to update a resource which is recognized as reference work for the study of Islam in all its aspects.

—$100,000 to Frederic Burkhart to provide continuing support for the edition of the correspondence of Charles Darwin.

—$25,075 to Howard Hong to provide further support for the translation and edition in 26 volumes of the complete work of Soren Kierkegaard.

—$20,358 to Russell Kirk for a study of Edmund Burke and the American Constitution.

This year has also seen the publication of the long-awaited first volume of the "Dictionary of American Regional English," edited by 78-year-old Frederic Cassidy. This massive project has received several NEH grants since 1971 and will run to five volumes by the time it is expected to be completed in 1990.

Older Americans also participated in NEH programs by serving as grant review panelists or specialist reviewers. Leo Marx and Daniel Aaron, both authorities in the field of American Studies, are among the distinguished scholars, 65 years of age or older, who contributed their services during 1985.

Older Americans without scholarly training also made important contributions to many of the Endowment's projects, often providing an invaluable source of information. For example, several NEH-supported projects to document or preserve the unique cultures of Native American peoples—by creating Native American language dictionaries or tribal histories—are heavily indebted to older tribal members for their resources of memory and understanding. In fiscal year 1985, one such project received $60,000 to produce a dictionary of Lushootseed, a Native American language of the Puget Sound area. In another example, the Ellensbury Public Library in Washington State received $48,770 to conduct a series of public programs—an exhibition, lectures, and discussion meetings—which will examine Native American history and culture as witnessed by Ida Nason, a 100-year-old native American.

In addition, many of the projects funded in the Division of Education Programs plus all of the activities supported by NEH to increase understanding of the humanities among the general public reach large numbers of older Americans.

Continuing Education

Many institutions of higher education offer a variety of means by which adult learners, including older persons, may continue lifelong education without enrolling in regularly offered undergraduate courses. Because continuing education programs typically are offered in the local community at sites such as public libraries or conducted at home via correspondence, they may be particularly well suited to the needs of older persons wishing to advance their understanding of the humanities.

An education program for nontraditional learners was created when the Endowment reorganized the Education Division in fiscal year 1983. Older Americans are included in the intended audience for this program. The program is designed to help inprove the quality of education or decrease the unit cost of instruction at institutions—collegees, libraries, and museums, for example—that already have programs for nontraditional learners. As with all Endowment programs, projects funded must be intellectually substantial and thoroughly grounded in the scholarship of the humanities. In fiscal year 1985 six grants, totaling nearly $600,000, were awarded for projects to benefit nontraditional learners.

Media Program

Radio and television productions supported by the Endowment (e.g., "American Short Story," "Life on the Mississippi," "Three Sovereigns for Sara," or "Herman Melville: Damned in Paradise"), are ideal for older people who cannot or prefer not to leave their homes. Specific information on media programs and any adjunct material produced is provided to organizations working for special groups, including the elderly.

Humanities radio programming serves a wide audience, including the visually handicapped who might have limited access to the humanities in other media. Programs include "Soundings," a weekly series of 52, 30-minute programs featuring discussion with scholars on recent research in the disciplines of the humanities. For many elderly people confronting problems such as impaired vision and reduced mobility, these Endowment-funded programs provide access to information as well as a mechanism for communicating with others.

Museums and Historical Organizations Program

In this program, the Endowment is making an effort to reach the elderly by encouraging museums or historical organizations receiving Federal funding to waive entrance fees senior citizens and others on certain days.

A variety of current NEH-supported projects in the humanities are exploring the special problems and challenges associated with aging, providing the elderly opportunities for substantial learning experiences, or drawing upon their knowledge and unique resources for the benefit of other Americans. These are described in Section IV of this report. In addition, regrants of NEH funds through humanities committees based in the States have supported many local projects involving the elderly, some of which are described in Section V.

IV. SPECIFIC NEH GRANTS AFFECTING OLDER AMERICANS

Beginning in the fall of 1983 and continuing until the fall of 1985, an Endowment grant of $577,525 to the National Council on Aging for its Senior Center Humanities Programs has involved thousands of older Americans in the humanities through activities held at 180 sites (including senior citizen centers, nutrition sites, day care programs, and nursing homes). Trained volunteers have been conducting weekly discussions for older adults with the aid of a thematically organized anthology of literary works. For example, one such anthology, entitled "The Search for Meaning," draws upon Conrad, Kant, Camus, and others. In addition, during fiscal year 1985 the Endowment made awards for projects designed—in whole or in part—to inquire into aging-related issues, to make available materials or activities of interest to the elderly, or to sue the aging as a resource. Examples follow:

—$4,389 to support publication of a study entitled "Urban Elders: Family, Work, and Welfare Among Boston's Aged, 1890–1950." The book examines the effects of industrialization, the New Deal, and Social Security on the elderly segment of the population.

—$26,251 to support the writing of four 30-minute radio scripts for a series to be entitled "From Youth to Age: The Transformation of Musical Creativity." The programs will explore the late-life creations and styles of a number of classical and jazz composers.

—$173,825 for "The High Minded Experiment: New Deal Art," a 60-minute documentary film on the social realist painter Jack Levine. This is the second film in a series on significant living American artists of the WPA era.

—$35,616 to support productions of a radio play, "All That Fall," by Samuel Beckett plus a documentary on the author to be broadcast in 1986 in honor of his 80th birthday.

—$20,000 to support writing of a scrip for "November: The World of Christopher Isherwood at 81," a 60-minute documentary largely devoted to interviews with the author and prefaced by an introductory segment tracing his literary career.

V. STATE PROGRAMS AND THE AGING

The State Programs Division of the Endowment makes grants to humanities councils based in the 50 States, Puerto Rico, the District of Columbia, and the Virgin Islands. These councils, in turn, respond to competitive applications from institutions and organizations within the State for humanities projects of broad benefit to State residents. Each State group may determine the kinds of humanities activities it wishes to support. Below are presented some examples of projects specifically directed toward the elderly rather than on related issues of health care, family, biomedical ethics, death and dying, etc.

Connecticut (Connecticut Humanities Council): Through a grant to the Connecticut State Department on Aging, a scholar-in-residence produced a resource guide entitled, "Humanities for Older Adults." The guide contains listings and descriptions of films, video and audio cassettes, slide programs, exhibits, self-study units, a speakers directory, and a listing of programs offered by museums and libraries. The guide has been published by the Traveler's Insurance Co. and distributed to centers for the elderly and to public libraries. As a result of this project, the Department on Aging has created a full-time position for the scholar to coordinate humanities programs for senior citizen centers throughout the State.

Michigan (Michigan Council for the Humanities): "History Sharing through our Photography," originally funded in 1979, brought elderly citizens into elementary school classes to talk about their experiences, using family snap shots as a focal point for discussion. The "HISTOP" project has been continued through private support and has been exported to classrooms in Canada. A detailed project manual and an explanatory film strip have been developed that show how to duplicate the teaching techniques of the project. Both elementary students and the elderly have benefitted from this program.

Minnesota (Minnesota Humanities Commission): For the third year the College of St. Scholastica in Duluth sponsored "Emeritus College: Humanities Education for Senior Citizens." In 1985, 15 6-week courses in history, philosophy, literature, art history, and other humanities disciplines were offered, all specifically designed for other adults. These popular classes were presented in senior citizens centers, churches, and other accessible buildings in Duluth and two neighboring cities, as well as on the campus of the College.

New Hampshire (New Hampshire Council for the Humanities): In order to convey significant ideas of major philosophers to elderly audiences, the New England College Elderhostel developed two reading and discussion series to be conducted in retirement communities. Based on the assumptions that older people are more likely to attend programs held near their homes and that rich but short readings are best suited for the diverse audiences attending such programs, the "Philosophical Discussions for the Elderly" project presented five programs focusing on such texts as Aristotle's "Nichomachean Ethics" and Mill's "On Liberty." More than 200 people participated in the five courses.

New Jersey (New Jersey Committee for the Humanities): As a means of implementing the Council's decision to focus programming on key texts in American literature, the New Jersey council initiated six pilot series of reading and discussion programs in settings such as retirement communities and senior citizens resource centers in order to attract elderly audiences. Each series is based on a theme, such as "Family Ties" and "Readings in American Poetry," and is led by humanities scholars. The project will be extended across the State in 1986.

ITEM 25. NATIONAL SCIENCE FOUNDATION

DECEMBER 16, 1985.

DEAR MR. CHAIRMAN: Your letter of October 31, 1985, to the Director of the National Science Foundation (NSF) was referred to me since this Directorate supports much of NSF's research on aging.

I am pleased to report on the activities of NSF related to aging and the concerns of the elderly. As the enclosed report suggests, NSF does not have any programs directed specifically toward questions of aging. The Foundation does, however, support basic and applied research projects that have both direct and indirect relevance to this important area of national concern through its regular research support programs. Such projects have received support primarily from the Bioengineering and Research to Aid the Handicapped Program in NSF's Directorate for Engineering and from three divisions of the Directorate for Biological, Behavioral and Social Sciences.

If you would like additional information, please do not hesitate to call on me.

Sincerely yours,

DAVID T. KINGSBURY, *Assistant Director.*

Enclosure.

NATIONAL SCIENCE FOUNDATION REPORT FOR DEVELOPMENTS IN AGING

The National Science Foundation, an independent agency of the Executive Branch, was established in 1950 to promote scientific progress in the United States. The Foundation fulfills this responsibility primarily by supporting basic and applied scientific research in the mathematical, physical, environmental, biological, social, behavioral, and engineering sciences, and by encouraging and supporting improvements in science and engineering education. The Foundation does not support projects in clinical medicine, the arts and humanities, business areas or social work. The National Science Foundation does not conduct laboratory research or carry out education projects itself; rather, it provides support or assistance to grantees, typically associated with colleges and universities, who are the primary performers of the research.

The National Science Foundation generally is organized along disciplinary lines. None of its programs has a principal focus on aging-related research, although a substantial amount of research bearing various degrees of relationship to aging and the concerns of the elderly is supported across the broad spectrum of the Foundation's research programs. Virtually all of this work falls within the purviews of the Directorate for Biological, Behavioral, and Social Sciences and the Directorate for Engineering.

DIRECTORATE FOR BIOLOGICAL, BEHAVIORAL, AND SOCIAL SCIENCES

The research projects supported by this directorate are designed to strengthen scientific understanding of biological and social phenomena. Research is supported across the spectrum from the fundamental molecules of living organisms to the complex interaction of human beings and societal organizations. These projects are supported by six research divisions covering approximately 35 research programs. Virtually all the Directorate's current research relevant to aging is being conducted in its Divisions of Cellular Biosciences, Behavioral and Neural Sciences, and Social and Economic Sciences.

Division of Cellular Biosciences

This division supports research designed to provide answers to long-standing biological questions concerning how plants, animals and microorganisms grow, reproduce, and function; and how life processes are initiated, regulated, controlled, expressed, and integrated at the level of the gene, cell and organism. This division has no projects on aging humans, but does support some work relevant to aging that employs animal models. For example, projects supported by this division related to the issue of aging and the elderly inlcude studies of the genetic basis of longevity in animal model species. A second set of studies is concerned with the effects of aging on the ability of animal models systems to repair and regenerate tissues after wounding.

Division of Behavioral and Neural Sciences

Research supported by this division advances understanding of the biological, environmental, and cultural factors that underlie the behavior of human beings and animals, with an explicit emphasis on nervous system structure and function. Projects supported by this division related to the processes of aging and concerns of the elderly include, for example, work on the ways various types of knowledge are acquired and retained throughout the lifespan. A second set of projects is concerned with the effects of aging on the structure and function of neuromuscular junctions, the points at which nerves and muscles make contact. Another project is looking at the relationship between diet, food preparation, and dental wear at various ages. Another set of studies is concerned with the way changes in marital and family support systems affect care of the elderly.

Division of Social and Economic Sciences

This division focuses primarily on expanding fundamental knowledge of how social and economic systems work. Attention is centered on organizations and institutions, how they function and change, and how human interaction and decision-making take place. The Division supports the collection of large sets of data, such as national surveys, that might be used by many investigatiors, as well as the research projects of individual scientists. Most of the work supported by this division has indirect, rather than direct, relevance to aging and the concerns of the elderly. For example, this division supports the operations of the Committee on National Statistics of the National Academy of Sciences. A panel of this Committee is concerned with "Statistics for Policy Analysis for An Aging Population," which has working groups focusing on health and related issues, and on improvement of data resources for policy analysis in this area. Another large data set is provided by the Panel Study of Income Dynamics, which is building a data series covering the entire life-cycle of a nationally representative sample of American households. An example of a relevant "individual" research project is provided by a study of financial savings and assets accumulation practices over the life-cycle of 19th and 20th century families.

DIRECTORATE FOR ENGINEERING

The National Science Foundation's Directorate for Engineering seeks to strengthen engineering research in the United States and, as appropriate, focuses some of that research on areas relevant to national goals. This is done by supporting projects across the entire range of engineering disciplines and by identifying and supporting special areas where results are expected to have timely and topical applications.

All aging-related research supported by this directorate is through its Bioengineering and Research to Aid of Handicapped Program. Most of this work is indirectly related to issues of aging and the elderly—its relevance derives from the increased propensity for the elderly to develop physical handicaps. For example, this program supports a range of studies concerned with the processes of hearing loss and mechanisms for communication (e.g., telecommunication) with the deaf. Another group of projects is concerned with improving the quality and usefulness of the materials used in various prosthetic devices. Another group of studies focuses on mobility aids, such as neurophysiologically-based controllers for assistive devices. A fourth group of studies is concerned with neural regeneration following injury and the effectiveness of nerve grafts. Most of the research supported by this program has potential impact on aging, as well as nonelderly, individuals.

ITEM 26. OFFICE OF CONSUMER AFFAIRS

DECEMBER 13, 1985.

DEAR SENATOR HEINZ: In response to your request, I have enclosed the "Report of Activities of the U.S Office of Consumer Affairs during 1985 Relating to Older Americans."

My office is pleased to have the opportunity to contribute to the Committee's Annual Report on Aging. I am keenly aware of the problems, needs, and concerns of our elderly consumers. In 1986 my office will expand its activities to provide even greater assistance to elderly consumers.

Sincerely,

VIRGINIA H. KNAUER,
Special Adviser to the President for Consumer Affairs and
Director, United States Office of Consumer Affairs.

Enclosure.

REPORT OF ACTIVITIES OF THE U.S. OFFICE OF CONSUMER AFFAIRS DURING 1985 RELATING TO OLDER AMERICANS

The Director of the U.S. Office of Consumer Affairs (OCA) is Virginia H. Knauer, who is also Special Adviser to the President for Consumer Affairs. The President has also designated Mrs. Knauer as the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Mrs. Knauer directs consumer affairs activities at the Federal level. OCA provides the staff and administrative support to carry out these responsibilities.

OCA encourages and assists in the development and implementation of programs dealing with consumer issues and concerns; advises agencies on the effectiveness of their consumer programs; exchanges views with business and industry officials by encouraging the development of voluntary employment, consumer protection and information programs; serves as the focal point for the coordination and standardization of Federal complaint handling efforts; works to improve and coordinate consumer education at the local, State, and Federal levels; and cooperates with State and local government agencies, and voluntary consumer and community organizations in the delivery of consumer services and information materials.

The major activities focus on voluntary mechanisms, market-place innovations, consumer education and information, and conferences to exchange information and develop dialogs. OCA activities also focus on helping State and local government units and consumer and community groups to deal with issues affecting consumers.

Highlighted below are major activities having the greatest impact on older Americans.

OUTREACH

OCA worked with the Consumer Product Safety Commission in promoting and disseminating its Home Safety Checklist, designed to reduce the number of injuries and deaths suffered in the home by older Americans. OCA coordinated Federal agencies' efforts which resulted in an announcement of the checklist appearing on the May Social Security check envelops. The OCA Director was a speaker at the CPSC conference in September which focused public attention on preventing accidents in the home.

OCA signed a Memorandum of Agreement with the National Rehabilitation Information Center which opens up new channels of critical consumer information for the aged and disabled. The new relationship with NRIC keeps OCA abreast of current developments in technological and other advances in medical and rehabilitation science designed to benefit aged and disabled consumers.

The OCA Director tapes a message which discussed OCA programs, and offered a free copy of the "Consumer's Resource Handbook" as part of the "Inspire '85 Celebration" which was held on the Mall in September. The celebration was sponsored by the President's Committee on Employment of the Handicapped. As a result of the recorded message which was part of the AIDLINE exhibit, OCA received a tremendous number of requests for the "Consumer's Resource Handbook."

To better address the needs of hearing-impaired consumers, OCA will purchase a Telecommunications Device for the Deaf (TDD) Machine. In addition to providing the "Consumer's Resource Handbook," OCA will be able to refer callers to the most appropriate Federal agencies to get their problems resolved and responses to their questions. The TDD Machine will be installed early next year.

MEETINGS AND CONFERENCES

In January OCA sponsored a conference which focused on "Financial Services and the Marketplace: A Renaissance in Competition." The conference was held in Phoenix, AZ, and addressed issues including: electronics funds transfer, privacy, funds availability and segmentation. This was the second conference focusing on financial services which was sponsored by OCA. The first conference was held June 9-11, 1984, in Dallas.

The conferences resulted in the establishment of a Task Force to conduct research, develop joint educational programs and to discuss evolving banking issues. Members of the Task Force include the American Association of Retired Persons, Consumer Federation of America, Sears, American Banking Association and 16 other public and private sector organizations. As an offshoot of OCA's efforts to call attention to the banking needs of the low income and elderly, the American Banking Association provided financial support to the American Association of Retired Persons to develop a training package which teaches bank employees about other customers' special needs.

In June OCA cooperated with the Council of Better Business Bureaus in consponsoring a Conference on Counterfeit Products. The issues addressed included: The Menace to Public Health and Safety, The Cost of the Economy, How to Spot a Counterfeit Product and How and Where to Complain If the Product is Counterfeit. The conference was designed to encourage manufacturers to begin using the technology which is being developed to spot counterfeits. This issue has particular impact on the elderly because of reports that heart pumps and pacemakers are among the products which have been infiltrated by counterfeiters.

The OCA Director was a Speaker at the September 11 National Health Fraud Conference cosponsored by the Food and Drug Administration, Federal Trade Commission, and the U.S. Postal Service. Over 250 Federal, state, and local government officials, health professionals, consumer representatives, and representatives of business and the media attended. Issues addressed included: Who Are the Health Fraud Victims?, Fighting Health Fraud at the Local Level, and The Role of the Media in Combating Health Fraud. Follow-up initiatives being spearheaded by the FDA include: A speakers bureau, FDA regional health fraud conferences in 1986, a Hispanic health fraud conference planned for early next year, and a health fraud information exchange program.

OCA organized and hosted the first meeting of the Direct Marketing Clearinghouse Task Force on November 13. With direct marketing being identified as a major consumer problem, the Task Force meeting addressed the need for greater communication and information sharing on consumer problems in the direct marketing industry. The consumer affairs director of the American Association of Retired Persons provided information on the problems that older consumers experience in making mail order purchases. In addition to OCA, Task Force members represent The National Association of Consumer Agency Administrators, National Association of Attorneys General, Direct Marketing Association, Council of Better Business Bureaus, Food and Drug Administration, Federal Trade Commission, and U.S. Postal Service. The establishment of a Task Force was a recommendation of the OCA-sponsored May 9 Mail Order Fraud Workshop which brought together representatives of government and private sector organizations involved in resolving and preventing direct marketing consumer problems.

ENERGY

OCA updated and reprinted "Your Keys to Energy Efficiency." It lists agencies and organizations which provide useful information on everything from household energy-savings tips to energy conservation projects sponsored by local community groups. The booklet, which was distributed to aging organizations, also provides information on the dangers of hypothermia and heat stress.

OCA organized the display of close to 13,000 American Association of Retired Persons posters in State and local consumer offices, Veteran Affairs facilities, USDA Cooperative Extension sites, and Social Security offices throughout the country. The posters, on hypothermia and heat stress, emphasize prevention of these life-threatening conditions.

OCA is cooperating with the Center for Environmental Physiology, American Gas Association, and the Administration on Aging in establishing local model projects as part of the National Education Campaign on Hypothermia and Heat Stress. Participating cities include: Cleveland, Philadelphia, Buffalo, Los Angeles, Milwaukee, Erie, Pennsylvania, Chicago, and St. Paul. More cities will be added in 1986. The OCA Director presented "Warm Heart Awards" on September 25 to representatives of organizations having exemplary hypothermia educational programs. The Awards Reception was sponsored by the Center for Environmental Physiology and was held at the Capitol.

In speeches before the New York State Energy and Aging Consortium in January and the North Carolina Energy and Aging Consortium in September, the OCA Associate Director for Special Concerns encouraged representatives of aging organizations, government, and energy producers and suppliers to work together to address the energy needs of the elderly at the State and local levels.

The National Energy and Aging Consortium will sponsor a conference February 26-28, 1986, in Washington, DC. The theme will be "Building Partnerships for the Future of Our Aging Society." Issues to be addressed will include: Technological Advances in Housing and Appliances, Public Policy Implications of Recent Trends in Energy and Aging, Model State Energy and Aging Consortium and How to Start Them, Energy Problems of Social Service Providers, New Developments in Preventing Energy Related Health and Safety Problems and Exemplary Programs in Aging. OCA was a founding member and cosponsored the Consortium's first two conferences in Washington, DC and Seattle in 1982. OCA's Associate Director for Special Concerns is the Consortium's Vice-Chair.

CONSUMER ISSUES

Advertisement and Marketing

OCA proposed modification to the Federal Trade Commission's Retail Food Store Advertising and Market Practices Rule. This would permit retailers to allow customers to choose between rainchecks and substitute goods of comparable value for out-of-stock advertised items, at the same percentage price reduction as the out-of-stock items. The FTC had sought to rescind the rule. OCA emphasized that the rule was specifically designed and, in fact, did work to protect low income and elderly consumers and, therefore, should remain in effect, but with modifications that responded to consumer needs with needless burdens on food retailers. FTC adopted a modification virtually identical to OCA's proposal.

Banking and Credit

OCA did not support H.R. 2443, the "Expedited Funds Availability Act," because the bill would have an adverse impact on consumers. Although OCA shares Congressional concern with this issue, the full effects of Federally mandating an availability of funds system and timetable are not yet known. In fact, the costs for implementing the system could fall on consumers, and elderly consumers in particular cannot afford a rise in bank fees. OCA is encouraged with the voluntary activities of the Federal regulatory agencies, States, and the banking industry—all working together on this issue.

OCA supported a proposed amendment to Variable Rate Disclosure Under Regulation Z. The amendment would require creditors to provide more information to consumers about the features of adjustable rate mortgages. The amendment would also help elderly consumers who might be purchasing a retirement home to understand the terms of these frequently confusing mortgages.

Complaint Handling

OCA awarded a competitive contract to study the handling of consumer complaints by government, voluntary organizations, and business. This is an update of the 1974-79 landmark "Consumer Complaint Handling in America" study funded by OCA. The earlier study has been given credit for a revolution in complaint handling practices in companies as diverse as General Electric, American Express, General Motors Buick Division, and Coors Beer. It is also responsible for bringing about improvements in many Federal agency complaint handling functions. Although the state of the art of complaint handling has moved forward during the last 5 years, progress has not been evenly distributed across the board. This update study will evaluate the adequacy of complaint handling by the public and private sectors, recommend improvements, and suggest alternatives, where appropriate, for more uniform, effective and integrated approaches to the handling of consumer problems. The results of the study will be announced in early 1986. Improved complaint handling processes will be especially useful for elderly consumers.

Health Care

OCA supported H.R. 2385, the Federal Commission Authorization Act of 1985, which included sections requiring the FTC to conduct studies of unfair and deceptive practices in the nursing home and life care home industries. OCA pointed out that in the life care home industry, mismanagement, misuse of funds and deceptive enrollment schemes have been documented. Similarly, reports exist in the nursing home industry of inadequate cost disclosure, oppressive billing practices, misuse of personal property, undisclosed and arbitrary discharge policies, unfair and deceptive contract provisions, and inadequate disclosure of services prior to signing.

Sulfites

OCA supported the Food and Drug Administration's proposed action to ban the use of six sulfite preservatives on fruits and vegetables intended to be served or sold raw. It was OCA's belief that the strong potential for serious sulfite reactions by at-risk consumers far outweighed the cosmetic role played by sulfites. Elderly persons who are increasingly concerned about their health and fitness are probably increasing their intake of fruits and vegetables to maintain a healthier lifestyle. Since consumers cannot discern sulfite-treated food by sight, elderly persons would be defenseless in protecting themselves against consuming sulfite-treated foods without this regulation.

Information and Education

Consumer News, OCA's monthly newsletter, carries articles of general interest to consumers. The following articles were of special interest to elderly consumers.

January.—Announced the availability of the Consumer Product Safety Commission's "Home Safety Checklist for Older Consumers." "Consumer News" also announced the availability of the American Association of Retired Persons' posters focusing on the dangers of hypothermia and hyperthermia. "Consumer News," discussed the National Home Care Council and Council of Better Business Bureau's new guide entitled, "All About Home Care: A Consumer's Guide." The Continental Association of Funeral and Memorial Societies' "A Citizen Action Kit" was announced. The Kit provides consumer information on the Federal Trade Commission's Funeral Rule.

February.—Published consumer tips on the need for adults over 65 to have immunizations against certain diseases.

March.—Announced the availability of "Your Home, Your Choice" from the American Association of Retired Persons. The brochure tells older consumers how to plan for changed circumstances in housing needs. We also published consumer tips on buying hearing-aid compatible telephones.

April.—Announced the Food and Drug Administration's proposal which would require that a warning statement be included in the labeling of all prescription drugs for human use which contain sulfites.

May.—Publicized May as Older Americans Month which was proclaimed by President Reagan. "Consumer News" announced the availability of "A Consumer Guide to Hospice Care" which was published by the National Consumer League.

June.—Discussed Title I of the Drug Price Competition and Patent Term Restoration Act of 1984, which makes inexpensive, generic drugs available to consumers.

July.—Reported the Food and Drug Administration's extension of the deadline for compliance with the Sodium Labeling Rule. "Consumer News" also summarized the effectiveness of the Federal Trade Commission's Funeral Rule.

August.—Discussed the American Express Co. sponsored radio information service for visually handicapped consumers. The newsletter also announced the availability of the publication, "Health Questions" which was published by the American Association of Retired Persons and the Federal Trade Commission.

September.—Announced approval for the use of Inderal for high blood pressure and related problems. The newsletter also announced the availability of the booklet, "Children of the Elderly" which was published by Blue Cross and Blue Shield.

October.—Announced the Federal Trade Commission's guidelines on how the Funeral Rule should be implemented.

November.—Announced the National Energy and Aging Consortium's Conference which will be held February 26-28, 1986 at the Washington Plaza Hotel in Washington DC.

December.—Announced the availability of the "Don't Be A Fall Guy Guide" which discusses how to prevent winter slip and fall accidents; how to safely walk and fall on ice; and the benefits of deicers. It was published by Dow Chemical U.S.A. "Consumer News" also announced the availability of USOCA's updated "Report on the Dangers of Hypothermia."

OCA cooperated with the Federal Communication Commission, Consumer Information Center and Bell Atlantic Companies in publishing "A Consumer's Guide to Telephone Service." The Guide discusses local and long distance services along with questions and answers to assist consumers in making efficient choices. There is also a handy worksheet so consumers can compare the costs and services of companies being considered for long distance service. OCA assisted in distributing the Guide to State and area agencies on aging throughout the country.

OCA has updated the "Consumer's Resource Handbook" which contains a section on aging and refers to other sections in the Handbook of interest to the elderly such as health care, Social Security, and veterans affairs. The State and local directory section lists government offices responsible for coordinating services for the elderly. The Handbook also includes a "Federal Directory of TDD Numbers" for use by the hearing impaired. The Handbook will be published and distributed to aging organizations and State and area agencies on aging beginning in January.

NATIONAL CONSUMERS WEEK

OCA coordinated National Consumers Week which was held April 22-28. The President and many Governors and Mayors issued proclamations and community classes, workshops, contests, exhibits and displays were held throughout the country. Many of the activities addressed issues of interest to the elderly. OCA is coordinating 1986's National Consumers Week which is scheduled for April 20 through 26.

INTRAGOVERNMENTAL ACTIVITIES

Committees

OCA was represented on the following committees which have a special impact on the elderly.

The National Energy and Aging Consortium is a network of 50 government, aging, and private sector organizations which have joined together to help the elderly cope with rising energy costs.

The Information and Referral Consortium on Aging is a network of government, aging, and private sector organizations which provide information about and develop programs which strengthen information and referral systems throughout the country.

Executive Order

The OCA Director is designated by the President to be the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Executive Order 12160—the Consumer's Executive Order—is a directive to Federal agencies to institute consumer programs which are effective and responsive to the needs of consumers. This action is a logical progression from the Consumer Representation Plans of the 17 Executive Branch departments and agencies developed in 1976.

The Order addressed the problems of citizens in achieving adequate participation in government decisionmaking processes. For example, agencies are required to develop information materials to inform consumers about their procedures for participation. Elderly consumers have been identified as a constituent group which should be reached with information. Under the Order, agencies must ensure that groups such as the elderly are being reached.

ITEM 27. PENSION BENEFIT GUARANTY CORPORATION

DECEMBER 13, 1985.

Dear Mr. Chairman: I am pleased to submit the attached report in response to your letter of October 31, 1985. In your letter, you requested a review of the Pension Benefit Guaranty Corporation's activities on behalf of older Americans during fiscal year 1985.

Thank you for giving us the opportunity to report on our programs and services on behalf of the elderly.

Sincerely,

KATHLEEN P. UTGOFF, *Executive Director.*

Attachment.

PENSION BENEFIT GUARANTY CORPORATION ACTIVITIES DURING FISCAL YEAR 1985 AFFECTING THE ELDERLY

The Pension Benefit Guaranty Corporation (PBGC) is a Federal Government agency created under Title IV of the Employee Retirement Income Security Act of 1974 (ERISA). The PBGC administers two insurance programs covering most tax-qualified, private sector defined benefit pension plans. One of these programs guarantees the payment of basic retirement benefits in the event of the termination of an insured single-employer plan; the other program guarantees the payment of basic retirement benefits in the event of the insolvency of an insured multiemployer plan.

Through its insurance programs, the PBGC bears the unique responsibility of protecting the retirement income of millions of American workers. In carrying out its primary mission, the agency acts on behalf of these people, and particularly on behalf of current and future elderly Americans, virtually on a daily basis.

The PBGC's single-employer pension plan termination insurance program currently covers approximately 30 million participants of about 110,000 defined benefit plans. Under this program, when a covered single-employer plan terminates, the PBGC insures the payment of retirement benefits in the form and amount promised by that plan, subject to limits established by ERISA. Prior to the actual termination of the plan, the plan administrator generally must submit to the PBGC extensive financial, actuarial, and documentary information about the plan. The PBGC reviews this data to determine whether the plan has sufficient assets to pay at least those benefits guaranteed by the PBGC. If the plan is sufficiently funded, the PBGC authorizes the plan administrator to distribute plan assets, and the plan is closed out in the private sector without further PBGC involvement. If the plan does not have sufficient money to pay the guaranteed benefits, the PBGC will seek to become trustee of the plan, with full responsibility to administer the plan and to see that benefits are paid when due. In addition, the agency will seek to recover from the employer the amount of the plan's underfunding for guaranteed benefits, subject to limitations noted in ERISA.

Since the enactment of ERISA in 1974, the PBGC has received a total of about 65,000 notices of single- and multiemployer plan terminations, of which over 8,600 were received in fiscal year 1985. About 98 percent of these terminating plans had sufficient funds to pay all guaranteed benefits. During fiscal year 1985, the PBGC became trustee of over 90 plans. This resulted in a total of nearly 1,100 plans in PBGC-trusteeship as of the end of the fiscal year, with another 100 potential trusteeships pending. Currently, the PBGC is paying approximately 78,000 participants about $174 million annually in benefits, and is obligated to pay another 94,000 people (deferred vested participants) when they become eligible for benefit payments in the future.

The PBGC's multiemployer pension plan insolvency insurance program covers approximately 8.5 million participants in about 2,500 plans. Under this program, the PBGC provides financial assistance to multiemployer pension plans that lack sufficient funds to pay benefits when due. Under statutory amendments enacted in 1980, insolvent multiemployer plans are obligated by ERISA to undergo a reorganization, which includes restructing benefits and employer contributions, in an attempt to recover a sound financial footing. These plans are required to repay the Corporation for its financial assistance, if possible. As of the end of fiscal year 1985, the PBGC has loaned approximately $3.2 million, after repayments, to three mutliemployer plans. Of the total amount, the PBGC loaned $1.3 million during fiscal year 1985 alone.

During the fiscal year that ended September 30, 1985, the PBGC instituted a major innovation in the single-employer plan termination process: the Enrolled Actuary and Plan Administrator Certification Program (EAPAC). This new program, which may be used only by sufficiently funded terminating plans, will benefit both plan administrators, by reducing their filing burden, and plan participants, by expediting the termination review process.

Under EAPAC, the plan administrator is relieved of the obligation to submit the extensive documentation otherwise required to demonstrate the sufficiency of a terminating plan. Instead, the PBGC will accept an enrolled actuary's certification that a terminating plan has at least enough money to pay out all the benefits that the PBGC would guarantee. In addition, the plan administrator must certify, under penalty of law, that the information made available to the enrolled actuary is true, correct, and complete. Because an EAPAC termination will require the submission of less information and fewer processing steps, this new program will significantly reduce the amount of time necessary for the PBGC to process sufficient plan terminations, and will mean faster distribution of benefits to affected plan participants.

In fiscal year 1985, the PBGC undertook other actions of more immediate benefit to plan participants, and particularly to retirees. The most noteworthy of these activities involved pension plans formerly maintained by the Allis-Chalmers Corp., the Accurate Die Casting Co., and the Mesta Machine Co.

In the case of the Allis-Chalmers plan, the PBGC sustained a loss of approximately $165 million. This ranks as one of the largest losses from a single plan termination in the PBGC's history, second only to the estimated $450 million claim that the PBGC anticipates will result from the pending termination of a Wheeling-Pittsburgh Steel Corp. pension plan. The Allis-Chalmers plan terminated with an estimated liability for guaranteed benefits of about $170 million, but only $5 million in assets. The PBGC estimated that the participants of this plan would have received only about 3 cents for every $1 of PBGC-guaranteed benefits, had the termination insurance program not existed. Despite the size of the loss and the absence of plan assets, prompt action by the PBGC insured that plan participants continued to receive their benefits without interruption.

In the second case noted above, Accurate Die Casting had not contributed to its plan in 5 years. In the summer of 1985, the plan's assets were exhausted and benefit payments to retirees ceased. In August 1985, the PBGC received its first notification of this situation. Within 2 months, the agency had taken the necessary legal action to became trustee of the plan and to restore benefit payments to the affected participants.

The third case in question, pertaining to the Mesta Machine Co., dates back to 1984, when the PBGC become trustee of two insufficient Mesta Machine plans with a resulting loss of approximately $56 million. In August 1985, the PBGC filed a precedent-setting malpractice suit against the plans' actuarial firm. That suit, which is still in litigation, contends that the plans' actuary failed to compute pension plan funding obligations in accordance with professional standards and ERISA's requirements. The suit is intended to redress the substantial harm suffered by the PBGC due to inadequate contributions to the two plans. The agency also hopes that the suit will discourage actuarial practices that understate true plan costs and thereby undermine the security of plan participants' pensions.

As in prior years, the PBGC continued to seek Congressional approval of an increase in the single-employer premium and of legislative reforms of the single-employer insurance program. The PBGC had requested an increase from the current $2.60 to $7.50 per participant per year. Legislation is currently pending before the Congress that would raise this premium to between $8 and $8.50, effective January 1, 1986.

An increase in the premium is necessary because the PBGC, as a wholly owned Government Corporation, is self-financing primarily through premiums received from sponsors of plans covered by the PBGC insurance programs. The PBGC does not receive funds from Federal tax revenues. The current premium level of $2.60 is not adequate to both retire the existing single-employer program deficit, now approximating $1 billion, and at the same time handle expected future claims. The need for a premium increase is now more urgent than ever, given the PBGC's recent combined losses of about $615 million from the Allis-Chalmers and pending Wheeling-Pittsburgh plan terminations. (In contrast, a recent PBGC study of the multiemployer program concluded that this program appears to be in sound financial condition, with already scheduled premium increases adequate to meet the needs of this program through 1989.)

The legislative reforms being sought by the PBGC seek to minimize program abuse, encourage the maintenance and continuation of voluntary defined benefit pension plans, and assure the timely and uninterrupted payment of pension benefits to participants and beneficiaries of PBGC-insured plans.

Both the reforms and the premium increase are essential if the Corporation is to continue in its role of protecting the retirement income of the more than 38 million American workers and elderly retired persons whose benefits are insured by this agency.

ITEM 28. POSTAL SERVICE

JANUARY 2, 1986.

DEAR MR. CHAIRMAN: This is in response to your October 31 letter calling for the submission of the Postal Service's annual contribution to the Committee's publication, Developments in Aging.

I am pleased to have the opportunity to report on the activities of the Postal Service which assist older Americans. As will be apparent from the enclosed narrative, a number of postal products and services directly benefit seniors and the activities of the Postal Inspection Service, particularly in the area of mail fraud investigations, preventing the elderly from being the victims of crime.

Sincerely,

PAUL N. CARLIN, *Postmaster General.*

Enclosure.

PROGRAMS AFFECTING OLDER AMERICANS

CARRIER ALERT

Although city and rural letter carriers had traditionally kept a watchful eye out for elderly or infirm customers, Carrier Alert was formally initiated in 1982 in cooperation with the National Association of Letter Carriers and with the assistance of the American Red Cross, the United Way, and the Administration on Aging in the Department of Health and Human Services. Beginning in 1985, rural letter carriers became actively involved in the program in their service areas. Through Carrier Alert, elderly or handicapped individuals may register with a local sponsoring organization, such as the Red Cross or a local council on the aging, to have their letter carrier watch for an accumulation of mail in their mailboxes. The Postal Service then reports the mail accumulation to the sponsoring agency which can then take appropriate follow-up action.

In its fourth year as an established program, Carrier Alert has proven quite popular and has provided peace of mind for and, on occasion, dramatic rescues of elderly or handicapped persons. Essential to the local establishment of Carrier Alert is the support of a local service agency. Customers interested in participating must register through that agency, which accepts the responsibility to call for emergency assistance and to notify relatives of the participant if necessary.

A postal customer can learn whether Carrier Alert is available in his or her community by calling the postmaster's office.

CONSUMER PROTECTION WEEK

Since 1977, the Postal Service has sponsored an annual Consumer Protection Week. A promotion and publicity kit, which contains materials for speeches, press releases, and public service announcements, is prepared and distributed to postmasters who warn their communities about mail fraud and misrepresentation of products and services sold by mail. Since medical fraud and work-at-home schemes have traditionally ranked at the top of fraudulent promotions, the focus of the materials distributed has frequently been directed toward alerting the elderly to such schemes. During this past year, post offices in the 25 largest metropolitan areas expanded their Consumer Protection Week activities to include "Consumer Fairs," where postal customers could consult with postal inspectors and other postal officials about what offers to be wary of.

The Postal Service has also jointly published a brochure on medical fraud with the Food and Drug Administration (FDA) and participated in a Washington conference on that subject sponsored by the FDA.

DELIVERY POLICY

The Postal Service has had a long standing policy of granting case-by-case exceptions to delivery regulations based upon hardship or special need. This policy continues in effect and is used to accommodate the special needs of elderly, handicapped, or infirm customers who are unable to obtain mail from a receptacle located any distance from the home and who do not have a neighbor or relative to assist them. Information or hardship exceptions to delivery regulations can be obtained from the local postmaster.

FEDERAL ACCESSIBILITY STANDARDS

On August 7, 1984, the Postal Service, along with three other Federal agencies—the General Services Administration and the Departments of Defense and Housing and Urban Development—published the Uniform Federal Accessibility Standards, a new set of standards governing required handicapped access features in newly constructed or altered Federal buildings. In fiscal year 1985, the Postal Service completed approximately 450 new postal customer service buildings which are accessible to handicapped persons. The Postal Service is continuing its efforts to retrofit older buildings on a case-by-case basis and to locate accessible space when it leases or buys existing facilities for conversion to postal use. Substantial progress has been and will continue to be made in this area.

MAIL FRAUD AND MAIL THEFT INVESTIGATIONS

Since many senior citizens live alone and are limited to fixed incomes, shopping by mail provides a convenient way for them to obtain products and services with a minimum of effort. Unfortunately, they are also attractive targets for those few individuals who operate mail order swindles. Through mail fraud and misinterpretations of products and services, these unscrupulous promoters not only cheat the public but also damage the reputation of the legitimate mail order industry.

There are several types of fraudulent promotions which, by their nature, tend to focus on the elderly. One of the most prevalent is the work-at-home scheme. A senior citizen who is living on a fixed income and seeking the means to supplement his or her income may be enticed by an advertisement which promises enormous earnings while working from the convenience of the home. The scheme begins with the promoter requiring an initial fee, typically from $5 to $25, before information about the plan will be supplied. The fraud continues as a pyramid operation, whereby the consumer involves others in the scheme, resulting in funds being generated to the promoter and not the respondents.

Many senior citizens worry about illness and being unable to pay for medical expenses which Medicare will not cover. Health insurance which is supposed to pick up where Medicare leaves off is available. Many such policies, however, offer inadequate coverage or coverage which may not be appropriate for the individual. Simply put, there are some insurance salesmen who will sell any type of insurance to any customer, regardless of the needs of the individual.

Individuals approaching retirement or those already retired may respond to what appear to be attractive land sales deals. The promise of a warmer climate, low down payments, and easy monthly installments appears enticing until the purchaser discovers that the land is located in an isolated or unsuitable area or in a desert wasteland and cannot be resold for even a fraction of the price paid.

Another fraud perpetrated against the elderly is the mail order sale of worthless pills, nostrums, and devices which promise to rid the aged of needless suffering. Probably the cruelest of these medical frauds are those which offer hope for the cure of cancer, diabetes, and other major illnesses. The ailments and afflictions that are a part of aging will leave the elderly looking for a magical cure to alleviate arthritic pain, restore lost vigor, and improve impaired sight or hearing. These pills and devices have often not been tested by medical authorities, are not efficacious, and could even be injurious to one's health.

In an effort to heighten public awareness to mail fraud and other postal-related crimes, the Postal Inspection Service maintains a cadre of postal inspectors across the country trained as crime Prevention Specialists. Working with Federal and State agencies and consumer groups, one of their missions is to educate and inform the public. Each year they work with the media, appearing on hundreds of television and radio interview programs and preparing articles for numerous newspapers and magazines. They give presentations at health fairs, community action groups, and several national prevention conferences emphasizing the need for consumer action as well as awareness in fighting crime. They respond to special requests, often from senior citizens, regarding specific problem areas. One creative Division of the Inspection Service has instituted a Mobile Prevention Unit in which inspectors tour neighborhoods having a large elderly population spending several hours answering questions and distributing reading material. This plan may be adopted nationwide. Each year the Postal Service issues television and radio spots and magazine public service announcements aimed at mail fraud. The 1985 advertisements centered on boiler room operations targeting consumers and small businesses. The 1986 advertisements will emphasize false representation, specifically in work-at-home schemes, medical fraud, and faulty products. These subjects are especially relevant to the elderly.

Despite the existence of such preventive efforts, the number and variety of mail fraud schemes insure that some people will continue to become victims of mail fraud promotions. In dealing with this, we use a two-pronged attack. Criminal prosecution is possible under the Mail Fraud Statute—title 18, United States Code, section 1341—which provides penalties of up to 5 years in prison and a $1,000 fine for those who use or cause the mails to be used to further a fraudulent scheme. Second, and perhaps more important for the consumer, the Postal Service can take action under the civil False Representation Statute—title 39, United States Code, section 3005. This statute permits the Postal Service, following a full, due process hearing before an administrative law judge, to return to the sender all mail addressed to a promotion whose advertisements soliciting remittances by mail are proven to contain false representations. In addition, the Postal Service may request the U.S. District Court in the area where the promotion receives its mail to issue a temporary restraining order to stop the delivery of mail to that promotion until the administrative law judge renders a decision.

Another crime which strikes the elderly hard is mail theft. Many poor and elderly Americans depend upon the receipt of a monthly check in the mail as their sole source of income. It is these individuals who suffer the most when their checks do not arrive as scheduled. Each year the Postal Service delivers hundred of millions of Treasury, State, and local benefit checks. Although the number stolen in relation to the number mailed is minute, the Postal Inspection Service still considers this a significant problem and recognizes the impact this crime has on the victim, particularly on elderly persons who are dependent upon the checks for subsistence. The Postal Service also delivers millions of personal and commercial checks and other valuable items such as savings bonds, money orders, credit cards, and food stamps, all of which are appealing targets for mail thieves.

On the crime prevention side, the Postal Service and the Department of the Treasury developed a message to be displayed on Treasury check envelopes which provided information on protecting one's mail. This mailing reached over 30 million Federal benefit recipients. In addition, two slide presentations, "Protecting Your Mail" and Fraud By Mail," have been developed and are being shown by Crime Prevention Specialists to the public. A Postal Service booklet, A Consumer's Guide to Postal Crime Prevention," has been updated to include new information. It furnishes tips to consumers on how to avoid being victimized by a variety of fraudulent schemes and mail theft. This book also includes the addresses of Inspection Service Divisions across the country.

A series of investigative programs to combat the problem of mail theft is also in place. Postal inspection cooperate with the U.S. Secret Service and local police in investigating the Forgery of checks believed to have been stolen from the mail and work with officials of check issuing agencies to improve procedures for the prompt charge-back of checks and referral of information whenever theft from the mails is suspected. The Postal Service has encouraged the development of better photo and signature identification cards and has enlisted the assistance of public housing authorities concerning the installation and maintenance of more secure mail receptacles and mailrooms.

STAMPS BY MAIL

Stamps-by-mail continues to be a useful and popular program among urban and suburban postal customers, especially for elderly and handicapped individuals. Postage stamps and stamped envelopes may be ordered and purchased by all city delivery customers without making a trip to the post office.

A customer need only complete Form 3227 (an envelope order form), enclose a personal check, and either drop it in a collection box or give it to a carrier. No postage is necessary. The stamps normally are delivered within 3 days to the customer's mailbox. The minimum order is a book of stamps. Forms may be obtained from letter carriers or by calling the local delivery unit and requesting that the form be delivered to the residence. Similar service has been provided for many years to postal customers served on rural delivery routes. Rural carriers sell stamps and provide many other postal services to their customers.

ITEM 29. RAILROAD RETIREMENT BOARD

DEC. 11, 1985.

DEAR MR. CHAIRMAN: In response to your letter of October 31, 1985, we are enclosing a report summarizing the U.S. Railroad Retirement Board's program activities for the elderly during fiscal year 1985.

We look forward to your committee's report on "Developments in Aging: 1985."

Sincerely yours,

BEATRICE EZERSKI, *Secretary to the Board.*

Enclosure.

U.S. RAILROAD RETIREMENT BOARD

The U.S. Railroad Retirement Board is an independent agency in the executive branch of the Federal Government. The Board's primary function is to administer comprehensive retirement-survivor and unemployment-sickness benefit programs for the Nation's railroad workers and their families, under the Railroad Retirement and Railroad Unemployment Insurance Acts. In connection with the retirement program, the Board has administrative responsibilities under the Social Security Act for certain benefit payments and railroad workers' Medicare coverage.

Because of its experience with railroad benefit plans, the Board has been given, in recent years, administrative responsibility for certain employee protection measures provided by other Federal railroad legislation, such as the Regional Rail Reorganization Act, the Northeast Rail Service Act, the Milwaukee Railroad Restructuring Act, and the Bankrupt Railroad Service Preservation and Employee Protection Act.

SIXTEENTH ACTUARIAL VALUATION

Since the enactment of the Railroad Retirement Solvency Act in 1983, the Railroad Retirement Account's revenues have exceeded disbursements for 2 consecutire years and, by the end of the 1985 fiscal year, a $4 billion balance had accumulated in the Account. The Solvency Act increased payroll taxes, deferred cost-of-living increases, reduced early retirement benefits, made benefits subject to Federal income taxes, and provided other financial measures to insure adequate railroad retirement funds.

The 16th actuarial valuation of the railroad retirement system, published during fiscal year 1985, indicated that the Solvency Act has removed cash-flow concerns in the short term, and projects railroad retirement fund balances in the range of $6 billion to $10 billion at the end of 1995. The valuation predicts that, during the next 10 to 20 years, even substantial declines in railroad employment will not bring about cash-flow problems. Over the longer term, future levels of railroad employment will determine whether additional corrective action is necessary.

BENEFITS AND BENEFICIARIES

During fiscal year 1985, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled almost $6.5 billion. Retirement and survivor benefit payments amounted to $6.3 billion, an increase of $151 million over the same period 1 year earlier. Unemployment and sickness benefit payments totaled $175.3 million, a decrease of $43.1 million from the preceding fiscal year.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1985, totaled 954,000. The majority (82 percent) were aged 65 or older. At the end of the fiscal year, 425,000 retired employees were being paid a regular annuity averaging $697 a month, about $30 higher than a year earlier. In addition, 201,000 of these employees were being paid a supplemental railroad retirement annuity averaging $49 a month. Some 227,000 spouses and divorced spouses of retired employees were receiving an average annuity of $304 a month at the end of fiscal 1985. Of the 311,000 survivors on the rolls, 275,000 were aged widow(er)s receiving an average annuity of $455 a month. Some 832,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the Medicare program at the end of fiscal 1985. Of these, 816,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to an estimated 127,000 railroad employees during the fiscal year. However, only about $0.4 million (less than 1 percent) of the benefits went to individuals age 65 or older.

ADMINISTRATIVE ACTIVITY

Operations

The Railroad Retirement Solvency Act of 1983 and the 1983 social security amendments necessitated extensive operations activity which continued into fiscal year 1985.

Implementation of the Federal taxation of railroad benefits was the Board's most administratively demanding project. Prior to the start of the fiscal year, notices were sent to all annuitants explaining the taxation provisions withholding was begun from the annuities and nonresident aliens living outside the United States, withholding election forms were isssued to annuitants in the United States and, in January 1985, tax reporting materials were issued showing the amounts of taxable benefits paid in 1984.

With various annuity components taxable under different portions of the Internal Revenue Code, major new computer systems had to be designed to account for each type of benefit paid and to withhold taxes, as necessary.

In addition to taxation, other provisions of the 1983 legislation were also implemented. Railroad retirement annuities were recomputed in January 1985 for cost-of-living increases and a remaining offset adjustment required by the Solvency Act. Certain annuities were also adjusted to remove prior reductions for military service credits also used as a basis for payments of benefits under other Federal laws, and prior reductions for entitlement months before age 60 in disabled widow(er)s' annuities.

Automation

The Board's major strategic goal continues to be making operations and service improvements through automation.

A telecommunications network was established linking district offices with headquarters for on-line inquiry purposes. The network included 75 offices by the end of fiscal year 1985. The system provides field personnel with immediate information on the status of individual claims and improves responsiveness to public inquiries.

The Board, with the assistance of an outside contractor, began work on a retirement claims processing system. The system will automate many of the complex manual claims adjudication processes currently used, enabling the Board to greatly increase the accuracy and timeliness of its retirement, survivor and Medicare benefit payments. The project is scheduled for completion in 1987. An administrative management system that automated the Board's budget, personnel, payroll, inventory, purchasing, and general ledger systems was implemented just after the end of fiscal year 1985.

Officials

President Reagan appointed John D. Crawford as Management Member of the Railroad Retirement Board for a statutory term through August 28, 1988. Mr. Crawford's appointment was confirmed by the Senate on May 23, 1985, and he was sworn into office on June 3, 1985. An attorney, Mr. Crawford was associated with the Chicago and North Western Transportation Co. for almost 30 years before his appointment to the Railroad Retirement Board. He had been C&NW Assistant Vice-President for Labor Relations, and Director of Labor Relations. He has also served as a carrier member of the Third Division of the National Railroad Adjustment Board.

The Board appointed Richard G. Altmann as its Executive Director in January 1985. Before his appointment, Mr. Altmann had been President of the American Institute of Steel Construction and had served as Staff Director for a White House study of the Reserve Forces Compensation System. A retired Rear Admiral of the U.S. Navy, Mr. Altmann held posts including Deputy Director for the Naval Reserve and Head of the Appropriations Coordination Branch in the Office of the Chief of Naval Operations.

BOARD MARKS 50TH ANNIVERSARY

The 50th anniversary of the enactment of the Railroad Retirement Act of 1935 was observed by the U.S. Railroad Retirement Board during 1985. Part of President Franklin Delano Roosevelt's New Deal legislation, the Act was signed into law on August 29, 1935.

Although prior railroad retirement legislation had been enacted in 1934, it was declared unconstitutional by the Supreme Court and the 1935 Act was also challenged in the Courts. Nonetheless, the Railroad Retirement Board made its first annuity payments 11 months after passage of the 1935 legislation. While subsequent Railroad Retirement Acts were enacted in 1937 and 1974, the 1935 Act was the cornerstone of the present railroad retirement system.

Following passage of the Railroad Unemployment Insurance Act of 1938, the Board began paying unemployment benefits in 1939 and sickness benefits in 1946.

During the past 50 years railroad retirement benefits of over $80 billion have been paid by the Board to 1,600,000 retired employees, 800,000 spouses and 2 million survivors; unemployment, sickness and other benefits paid by the Board have totaled $6 billion.

ITEM 30. SMALL BUSINESS ADMINISTRATION

NOVEMBER 27, 1985.

DEAR JOHN: I am pleased to respond to your request of October 31, 1985, for the Small Business Administration's submission to your Committee report, Developments in Aging.

The Service Corps of Retired Executives, composed of volunteer retired business executives with self-administered chapters across the United States and its possessions, plays a vital role in the Agency's delivery of technical assistance and counseling services to potential businesspersons and the small business community as a whole. SBA's Office of Civil Rights Compliance, through its enforcement of the nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B (12 CFR 202), and the Age Discrimination Act of 1975, protects the interests of older persons with respect to eligibility, treatment, and consideration for services, benefits, and credit from SBA and its recipients.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

JAMES C. SANDERS, *Administrator*.

Enclosure.

INTRODUCTION

The Small Business Administration makes direct loans and guarantees loans made by banks and other financial institutions to small concerns; provides management and technical assistance to firms receiving SBA financial assistance and to other small concerns; licenses and regulates small business investment companies, a source of equity and venture capital assistance for small concerns; and provides procurement assistance to help small concerns in buying from and selling to the Federal Government.

SERVICE CORPS OF RETIRED EXECUTIVES (SCORE)

The Small Business Administration established a volunteer program called the Service Corps of Retired Executives (SCORE) in 1964. This group is composed of volunteer retired business executives—men and women who have had a lifetime of varied business and professional experience and who are willing to share their knowledge and experience with others. SCORE provides a confidential business person-to-person advisory relationship. Through indepth counseling and training, owners and managers receive help in identifying basic management problems, determining their cause, and becoming better managers by finding viable solutions. SCORE services are available to almost all small, independent businesses, not dominant in its field, as well as to persons contemplating entry into a new venture. During fiscal year 1985, 12,698 SCORE volunteers counseled 118,560 clients, and assisted in training another 99,946 clients. This free service of the Small Business Administration is quite frequently vital to the survival of the small business owner. SCORE volunteers are members of over 400 locally organized, self-administered chapters. Although services are provided without charge to the client, volunteers are reimbursed by the Agency for out-of-pocket expenses. Small business owners/

operators are benefited by this free service which is quite frequently the key to the survival of the business; and the SCORE volunteers are benefited by the sense of satisfaction which comes when one contributes his or her knowledge to help others.

OFFICE OF CIVIL RIGHTS COMPLIANCE

The Office of Civil Rights Compliance of the SBA has the responsibility to insure that the Agency, its recipients and subrecipients of financial assistance do not discriminate on the basis of race, color, religion, marital status, sex, age, handicap, or national origin in business, credit policies or services to the public. Specifically, with respect to older persons, the Office of Civil Rights Compliance monitors and enforces the nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B, which prohibits discrimination on the basis of age in credit, and the Age Discrimination Act of 1975 which prohibits discrimination on the basis of age in the delivery of services to the public. During fiscal year 1985, the Office of Civil Rights Compliance visited 713 business recipients and subrecipients of SBA's financial assistance to assure compliance with these Acts. Compliance was found to be good in all cases.

ITEM 31. VETERANS ADMINISTRATION

JANUARY 21, 1986.

DEAR MR. CHAIRMAN: I am pleased to respond to your request for a report of the Veterans Administration's activities on behalf of older persons for the calendar year 1985.

The VA has developed a high quality system that provides health care for more than 50,000 elderly veterans every day. Meeting the medical needs of older veterans constitutes the current greatest challenge to the VA.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

HARRY N. WALTERS, *Administrator.*

Enclosure.

I. INTRODUCTION

The phenomenon known as the graying of America has been well documented. The impact of that phenomenon upon our nation's resources and the fabric of our society is beginning to be recognized.

For the Veterans Administration, the challenge of providing services to large numbers of aged is at hand, and the proportion of the population which is elderly is increasing much more rapidly in the veteran population than in the general population. Within five years the proportion of veterans 65 years old and older will be double the general population rate; by the year 2000 it will be triple.

The VA has the responsibility to meet the health, human services, and income maintenance needs of eligible veterans. It faces a much larger aged component in its population much sooner than does the Nation as a whole.

This fact presents a challenge to the VA—how to distribute its resources to meet the very different needs presented by an older population. Moreover, this challenge carries with it a responsibility—to develop and demonstrate effective approaches to the care of older veterans which can be observed and adapted by society at large as the general population ages.

The VA has been aware for some time of the special opportunity and special responsibility it has as a result of the aging of its client population. Over the past decade, VA researchers and clinicians have been at the forefront of the developing field of gerontology and geriatrics—the study of aging and the care of the aging members of a population, respectively. VA's gerontology research and training programs are a primary national resource preparing physicians and other health workers to deal with the problems of the aging. Special projects and individual VA medical center initiatives have developed and tested a variety of innovative, medically sound programs for meeting the needs of older persons. These programs have provided care in both institutional and community settings, often in cooperation with non-VA caregivers, educators and researchers.

The VA's health care system includes acute medical, surgical and psychiatric inpatient and outpatient care; extended hospital, nursing home and domiciliary care; noninstitutional extended care; and a range of special programs and professional services for elderly veterans in both inpatient and outpatient settings.

The VA operates the largest health care system in the Nation, encompassing 172 hospitals, 115 nursing home units, 16 domiciliaries, and 226 outpatient clinics. Veterans are also provided contract care in non-VA hospitals and in community nursing homes, with fee-for-service visits to non-VA physicians and dentists for outpatient treatment, and with support for care in 47 State Veterans Homes and 3 annexes in 34 States. As part of a broader VA and non-VA network, affiliation agreements exist between virtually all VA health care facilities and nearly 1,000 medical, dental, and associated health professional schools, colleges, and university health centers. This affiliation program with academic medical centers results in about 100,000 health professions students receiving education and training at VAMC's each year.

During the past 10 years, there has been increased utilization of VA inpatient hospital care by older veterans reflecting both their greater number as well as their significantly higher hospital utilization rates. The percentage of the veteran population age 65 or older increased from 8 percent in 1976 to 16 percent in 1985. These older veterans use hospital services at a rate 3 to 4 times higher than younger veterans.

In just the last 5 years, the mean age of veterans has increased from 48 to 52 years. The net result of this shift in the age distribution has been an increased proportion of older veteran patients being cared for in VA health care facilities. In 1981, 27 percent of all hospital patients in VA medical centers were 65 or older. In 1984, this age group constituted 32 percent of all hospital patients.

An older population experiences a different mix of diseases than does a younger population. Conditions such as coronary and circulatory systems disease, respiratory diseases, neoplasms, organic brain disorders, and musculoskeletal diseases are all more prevalent in those over 65. This group of diseases tend to be chronic, progressive, and degenerative in nature, and the damage they cause is often permanent, requiring rehabilitation and/or long-term care. Older individuals ofter have more than one chronic condition, further complicating their clinical management and increasing the demands they make on their source of care.

In addition to exerting pressure on inpatient hospital care, the aging veteran phenomenon or "geriatric imperative" is also affecting the need for outpatient care. This treatment modality is an integral part of the VA medical center effort to provide care for the aging veteran.

As might be expected, older veterans represent the majority of patients being cared for in VA nursing homes. The proportion in 1984 was 66 percent and is expected to increase in the future at a rate greater than the increase in the average age of veterans.

As in the case with other health care programs in the Nation, the VA is increasing the number and diversity of noninstitutional extended care programs. The purpose is to facilitate independent living by making available the appropriate sustaining medical and human services. Such programs include Hospital Based Home Care, Adult Day Health Care, Psychiatric Day Treatment/Mental Hygiene Clinics, and Community Residential Care.

Over the past decade specific activities focused on the health needs of the older veteran have been developed, tested, and demonstrated in a variety of VA clinical settings. The two with the greatest potential for improving the care of older veterans are Geriatric Research, Education, and Clinical Centers (GRECC's) and Geriatric Evaluation Units (GEU's).

GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS

The VA's Geriatric Research, Education, and Clinical Centers (GRECC's) have, since 1975, provided a focus for development of innovative approaches to meeting the health needs of older veterans, have provided for integration of such approaches into practice in the system, and have provided training opportunities for all types of personnel involved in the care of older people. Ten GRECC's are currently in the VA system.

GERIATRIC EVALUATION UNITS

Va medical centers have also developed Geriatic Evaluation Units (GEU's) to provide comprehensive diagnosis, treatment and discharge planning for elderly patients with multiple medical problems discovered during treatment in a hospital. There are currently more than 45 such programs in the VA system.

Coordination with the aging network under the Older Americans Act in the delivery of community-based care has been recognized by the VA as an important component in providing needed long-term medical and social services required by elderly veterans. The VA has, since its inception, been involved in the Administration on Aging's Consortium on Information and Referral Services for Older People. The

Agency, along with 13 other Federal and national nonprofit agencies, has entered into a Working Agreement with AoA to enhance those systems which provide information and referral services.

In addition to its ongoing activities, the Veterans Administration cosponsored a national working conference with the American Health Planning Association. The conference, titled "Systems Integration: Compounding the Cubes", was held in Baltimore, MD, December 15–18, 1985. The focus of the conference was integrated planning for acute and long term health care services. Attendees included health care providers, planners, administrators, academicians and consumers from the VA and other Federal, State, and local government agencies and private sector representatives. The conference format consisted of plenary sessions, regional and discipline or functional break-out groups and several series of concurrent issue sessions conducted by panels of experts from a wide range of organizations and agencies, including VA field and Central Office personnel.

Conferees participated in sessions designed to increase awareness of the dynamic relationships within and between acute and long term care, identify conflicts and consequences arising from fragmented program over-sight and funding, and to develop strategies for problem solving approaches emphasizing collaborative planning. Regional and discipline specific break-out groups offered participants an opportunity to develop coalition strategies to effect collaborative planning activities in their own work settings.

In summary, the VA recognizes and accepts the challenge associated with the increasing number of veterans age 65 and older. We anticipate major new demands for services during the coming decades and are planning for them.

II. Geriatrics and Extended Care Programs

VA NURSING HOME CARE

The Nursing Home Care Units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing care and supervision, and rehabilitation services to attain and/or maintain optimal functioning.

In fiscal year 1985 20,442 veterans were treated in VA nursing homes which had an average daily census of 9,556.

Nine new nursing home care units were activated at VA Medical Centers—Boise, ID; Dallas, TX; Denver, CO; Fresno, CA; Marion, IL; Spokane, WA; Tampa, FL; Washington, DC, and West Los Angeles, CA. These and other changes resulted in a net increase of 1,056 operating beds for a total of 11,012 beds at the end of fiscal year 1985 at 115 VA medical centers.

COMMUNITY NURSING HOME CARE

This community based program is a contract program for veterans who require skilled or intermediate nursing care when making a transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment, primarily of a service-connected condition, may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed 6 months. Selection of nursing homes for VA contract requires the prior assessment of participating facilities. Follow-up visits to veterans by teams from the VA medical centers are made to monitor patient programs and quality of care. Fiscal year 1985 saw a moderate increase in community nursing home placements. During this year, 38,907 veterans were treated in the program. This represents 9.4 percent increase over fiscal year 1984. The number of nursing homes under contract was 3,270 in fiscal year 1985. The average daily census in these homes for fiscal year 1985 was 11,444.

Since April 1981 the VA has, through arrangements with States (coordinated with the Department of Health and Human Services), attempted to make maximum use of inspections conducted for Medicare or Medicaid inspection, reducing the amount of time and duplication in the nursing home inspection efforts of the VA. Due to cutbacks in inspection efforts of some States, however, the VA medical centers must continue to conduct a full team inspection of certain nursing homes. While the general VA policy of greater reliance on State inspections continues, this policy can only be carried out where there is a strong State inspection foundation.

VA DOMICILIARY CARE

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by disease, injury, or age and are in need of care, but do not require hospitalization or the skilled nursing services of a nursing home.

Implementation of rehabilitation-oriented program directions has created a better quality of care and life for veterans requiring prolonged domiciliary care and has prepared increasing numbers of veterans for return to community living for active participation in various community resources.

Special attention is being given to older veterans in domiciliaries with a focus on keeping them active and productive in the domiciliary as well as encouraging their utilization of senior centers and other resources in the community where the domiciliary is located. Patients at several domiciliaries are involved in senior center activities in the community as part of a focus on community intergration. Other specialized programs in which older veterans are involded include Foster Grandparents, Handyman Assistance to senior citizens in the community, and Adopt-A-Vet.

In fiscal year 1985, 13,126 veterans were treated in VA domiciliaries which had an average daily census of 5,979.

STATE HOME PROGRAM

The State Home Program has grown from 11 homes in 11 States in 1888 to 47 State Homes (one of which has three annexes) in 34 States. Currently a total of 17,916 beds are authorized to provide hospital, nursing home, and domiciliary care.

The VA's relationship to State Veterans' Homes is based upon two grant programs. One is a per diem program which enables the VA to assist the States in providing care to veterans eligible for VA care who are furnished domiciliary, nursing home, or hospital care in State home facilities. The other grant program provides VA assistance with up to 65 percent Federal funding in the construction or acquisition of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

In fiscal year 1985, construction was started for Phase I of a new State home for New Jersey at Paramus, which will provide 114 nursing home beds. The $29.3 million obligated by the VA in fiscal year 1985 for construction and renovation projects also included a 50-bed hospital addition in Yountville, CA replacement of a 225-bed Nursing Care Unit at Grand Rapids, MI, and completion of a 167-bed facility at Marquette, MI.

PALLIATIVE CARE

The VA submitted a report to the House and Senate Veterans' Affairs Committees, as required by Public Law 98–528, on the programs of the VA which furnish palliative care, supportive counseling, and other medical services to terminally ill veterans, and supportive counseling to their families. Data from a one day census survey showed that there were over 5,000 terminally ill veterans in the various patient care settings. The survey also showed that the medical centers were focusing attention to the needs of the terminally ill patient/family in the various service settings. The hospice concept of care is generally incorporated in VA medical centers approaches to the care of the terminally ill.

HOSPITAL BASED HOME CARE

This program provides primary medical care to veterans with chronic illnesses in their own homes. The family provides the necessary personal care under the coordinated supervision of a hospital based interdisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation, and dietetic regiments, as well as the training of family members and the patient. Forty-nine VA medical centers are providing hospital based home care services, of which six were activated this past year. More acute care beds in hospitals are made available by providing increased days of care in the home.

In fiscal year 1985, 218,708 home visits were made by health professionals. Over 11,300 patients were treated.

ADULT DAY HEALTH CARE

Adult Day Health Care (ADHC) is a therapeutically oriented ambulatory day program which provides health, maintenance, and rehabilitation services to veterans in a congregate setting during daytime hours. ADHC in the VA is a medical model of services, designed as a substitute for nursing home care, as established by Public Law 98-160. The VA has commenced operation of five ADHC centers in fiscal year 1985 at VA medical centers Brooklyn, NY; Little Rock, AR; Miami, FL; Minneapolis, MN; and Portland, OR. The program already exists at Butler, PA; North Chicago, IL; and Palo Alto, CA VA medical centers.

COMMUNITY RESIDENTIAL CARE PROGRAM

This is the largest of the extended care programs. It is operated at minimal expense since the only cost to the VA is for administration. The residential care home program provides residential care, including room, board, personal care, and general health care supervision, to veterans who do not require hospital or nursing home care but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive monthly follow-up visits from VA social workers and other health care professionals and are outpatients of the local VA facilities. In fiscal year 1985, an average daily census of 11,600 veterans was maintained in this program utilizing approximately 3,120 homes.

GERIATRIC EVALUATION UNITS

A Geriatric Evaluation Unit (GEU) is usually a group of beds (ranging typically in number from 4 to 20) set aside on Medical Service or an Intermediate Care ward of the hospital where an interdisciplinary health care team performs comprehensive geriatric assessments to improve the diagnosis, treatment, and placement of older patients who may have some remediable impairments, multiple chronic diseases, or psychosocial problems which need to be fully assessed. In addition to improving care for older patients and preventing their unnecessary institutionalization, a GEU provides geriatric training and research opportunities for physicians and other health care professional in the medical center.

Results from a controlled randomized study of GEU efficacy conducted at the VA Medical Center Sepulveda, CA, show significant benefits associated with admission to the GEU, such as improved survival and rehospitalization rates, functional status, and living location.

Currently there are more than 45 Geriatric Evaluation Units in the VA medical system. The agency report, "Caring for the Older Veteran," sets a goal of establishing GEU's in 70 percent of the VA medical centers by 1990 and in every VA medical center by the year 2000.

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS (GRECC'S)

The Geriatric Research, Education and Clinical Centers (GRECC's) play an important role in further developing the capability of the VA system to provide maximally effective and appropriate care to older veterans. First implemented in 1975, GRECC's are centers of excellence designed to enhance the system's capability in geriatrics by conducting integrated research, education, and clinical care. The purpose of the GRECC's is to develop new knowledge regarding aging and geriatrics, to disseminate that knowledge to health care providers, and to develop and evaluate alternative models of geriatric care.

Each center focuses on one or more areas of geriatrics, such as cardiology, cognitive and motor dysfunction, endocrinology, geropharmacology, immunology, metabolism, and molecular biology of aging. Additional foci include oncology, neurobiology, neuroendocrinology, nutrition, and rheumatology.

At present there are 10 centers located at VA Medical Centers at Bedford/Brockton—West Roxbury, MA; Durham, NC; Gainesville, FL; Little Rock, AR; Minneapolis, MI; Palo Alto, CA; St. Louis, MO; Seattle/American Lake, WA; Sepulveda, CA; and West Los Angeles (Wadsworth), CA. Public Law 96-166, "Veterans Administration Health Care Amendments of 1985," increased from 15 to 25 the maximum number of facilities that the Administrator may so designate. Thus, 15 additional centers are authorzied for activation over the next few years if resources are made available. Through their integrated approach, the GRECC's are developing practitioners, educators, and researchers in the field of geriatrics.

III. MEDICAL SERVICE

Medical service physicians serve as the primary care physicians for elderly patients in acute and intermediate medical wards as well as in nursing homes and in ambulatory care settings. They also provide necessary subspecialty care in inpatient and outpatient settings in addition to participating in Geriatric Fellowship Training, GRECC's, Geriatric Evaluation Units (GEU's), and Hospital Based Home Care Senior Clinician Programs.

Staff in Central Office and in the field have been active in formulating and implementing prevention strategies for the elderly and participating in the formative stages of the VA's physical fitness program which includes the frail elderly as one target population. Interest and involvement has continued in GEU's, Hospital Based Home Care, Adult Day Health Care, and nutritional problems and hypertension in the elderly.

IV. MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

Mental Health and Behavioral Sciences Service continued to encourage the development of programs at the local medical centers to meet the needs of geriatric psychiatric veterans. During fiscal year 1984, approximately 20,173 veterans 65 years of age or older, diagnosed with mental disorders were discharged from VA medical centers. Census data for fiscal year 1984 reflects that of the patients with a psychiatric diagnosis who are age 65 and older, 37 percent are on psychiatric wards and 63 percent are on other wards, principally long-term medicine. (Corresponding statistics for 1985 are not currently available. However, it is anticipated that there will be no significant change for this time period.) Many other older psychiatric patients are in VA and community nursing home facilities, VA domiciliaries, and residential care homes.

In addition to the 1,500 beds dedicated to the care and treatment of geriatric psychiatric veterans in operation during fiscal years 1983–84 approximately 326 more beds dedicated to this group of patients were opened during fiscal year 1985. Staff with special training in gerontology were hired at several of our VA facilities. Interdisciplinary team training has been instituted to enhance the skills of our staff in the care and treatment of aged veterans. Diagnostic, evaluation units and biopsycho-social rehabilitation units were established at some of our medical centers to target more specialized treatment needs for the elderly. Increased consultations were provided by Psychiatry and Psychology to other clinical services, and to such specialized programs as Hospice Units and those caring for veterans with Alzheimer's disease. Renewed emphasis was focused on the use of traditional occupational, recreational and corrective therapies. This emphasis helped to improve the quality of life of the aged veterans.

Vocational evaluation and rehabilitation programs increased the number of veterans receiving paid part-time work while hospitalized. Among this group several of the younger aged veterans were referred for employment in the community. More medical centers developed and coordinated interdisciplinary team efforts to provide better access to community resources for the aged. Ties were formed with gerontological organizations and Area Agencies for the Aged.

V. SOCIAL WORK SERVICE

Policy guidance and program initiatives have been developed to facilitate the timely discharge of veterans who are in need of continuing care in the community; to provide or monitor case management services for elderly, at-risk veterans; and to promote the integration and coordination of community support services and resources essential to the attainment of VA health care objectives.

Formal discharge planning guidance for identified categories of "at-risk" veterans, including the elderly, incorporates elements of screening and assessment; the development of a multidisciplinary plan; and addresses issues related to quality of life; patient and family participation; and the monitoring of referrals to the social and health care network in the community. A software model has been completed to facilitate the development of at-risk screening procedures throughout the VA health care system.

Although case management services to specific categories of patients (e.g., long term psychiatric, visually impaired, etc.) have been provided by Social Work Service for many years, there is a need to further develop and expand case management models for the elderly. A number of initiatives have already been developed at VAMC's in collaboration with the community health and social services network including the Area Agencies on Aging. Policy guidance is being developed which will provide a conceptual framework for the expansion of "best practice" models. A software module for tracking and monitoring is nearing completion.

VI. REHABILITATION MEDICINE SERVICE

Incumbent in aging is the manifestation of various disease processes which, invariably, involve not only the signs and symptoms of the disease itself, but concomitant diminution or loss of physical and mental functions.

Key goals of Rehabilitation Medicine Service (RMS) in providing care to the elderly are to provide comprehensive assessment as well as stress the importance of evaluating functional and mental capacity and Activities of Daily Living performance. Through the use of physical agents and therapeutic modalities, the RMS team assists the patient in the attainment of treatment goals. The utilization of various therapeutic modalities and exercises, in conjunction with pharmacological agents, dietary planning and the interdisciplinary treatment team, provides for a more effective delivery of services and higher quality of care.

This concept is utilized by Rehabilitation Medicine Service as a realistic comprehensive approach in providing care to the geriatric veteran. Additionally, specialized programs continue to be implemented by the rehabilitation Medicine Service in areas of care which include treatment in both inpatient and outpatient settings. Therapists are involved in research activities and developing, implementing, and evaluating innovative programs in geriatrics. Examples of these programs specifically for the older veteran include activity exercise classes, community living skills training program and relative support groups.

A significant number of RMS therapists have received advanced education and training in gerontology which focuses on new and successful treatment programs for the geriatric population.

VII. NURSING SERVICE

Nursing care of the elderly veteran is a critical part of the Nursing Service mission, and comprises the largest proportion of health services required by this age group. Recognizing the rapid increase in the number of aged veterans being admitted for care in all treatment modalities, concerted efforts are being made to provide strong leadership in the clinical, administrative, research, and educational components of nursing practice.

Academic preparation and continuing education are high priorities of Nursing Service to assure quality programs for treatment and rehabilitation of aged ill, disabled and at risk veterans. While the demand for rehabilitation nurse specialists has been increasing, the supply has been diminishing over recent years, due primarily to reduction of nurse traineeship funds for graduate education in this specialty area. To assure that the rehabilitation nursing needs are being addressed, the Continuing Education program which was developed the previous year by Central Office Nursing Service with the support of the Continuing Education Center and two Regional Medical Education Centers (RMEC) was presented at four additional RMEC sites in fiscal year 1985. The expected spin-off of this educational offering is that the participants will integrate the teaching/learning modules into orientation and inservice programs for staff at the local level.

Recruitment of highly qualified professional nurses is an on-going priority. One hundred twenty-four (124) positions were funded for masters level nursing students preparing to become clinical specialists in either geriatrics/gerontological, rehabilitation or psychiatric/mental health nursing. Executive development of nurse leaders in long term care is provided through preceptorship training for the position of Associate Chief or Supervisor, Nursing Home Care. To date, 31 Supervisors of Nursing Home Care have been approved for the discretionary title of Associate Chief, Nursing Service for Nursing Home Care.

Nursing Service full supports research related to all areas of nursing practice. The Geriatric/Gerontologic Nurse Fellowship Program, a long-standing Nursing Service initiative, was approved and implemented at VAMC Hines, IL, in October, 1985. This 2-year program is at the doctoral level of study and requires a research study related to aging. It is the first of its kind nationwide, and is in keeping with the Geriatric/Gerontological Advisory Group recommendation regarding the need for more research on aging by all professional services.

Nursing is making significant contributions in the areas of preventive care and health maintenance. Programs for the physically disabled and cognitively impaired have been established and are administered by nurses in home care, ambulatory care settings and in-patient units. Treatment programs are goal-directed toward physical and psychosocial reconditioning/retraining of patients with biological and psychosocial disturbances. Patient/family teaching is a major part of each program. Also, VA Nurses are volunteering their services for health care planning for the elderly in the community-at-large through participation in self-help/support organizations related to specific diseases such as Alzheimer's, as advisors to local health planning councils, and through sharing of VA educational activities and research seminars with health care professionals.

VIII. DIETETIC SERVICE

Nutrition is one facet of health care that impacts daily on the quality of life of older veterans in acute care, long-term care and community care settings. Recognizing the need for specialization in the care of the elderly, geriatric specialist positions are being established. Their roles include nutritional assessment, menu modification, education and facility planning. The elderly veteran's nutritional status is affected by such factors as change in nutrient requirements due to the aging process and co-existing chronic diseases; feeding and swallowing difficulties; change of social circumstances such as death of a spouse; financial limitations and emotional manifestations. These factors often lead to inadequate intakes of calcium, thiamin, riboflavin, vitamins A and C and calories.

As a member of the multidisciplinary team, the dietitian helps prepare the older veteran for transition to the community and identifies appropriate community nutrition programs.

Nutritional deficiencies have been identified as occurring frequently in veteran patients. Protein-energy malnutrition interferes with one's ability to recover from surgery, tolerate medical problems and may lead to unnecessary complications. This problem is one that must be considered by all medical care personnel since it is often correctable. The Clinical Nutrition Advisory Group (CNAG) is addressing this and other special needs of the older veteran through its Geriatric Nutrition and Special Issues subcommittee.

IX. VOLUNTARY SERVICE

The participation of community volunteers in health care services for older veterans continued to demonstrate its value for patients in VA medical facilities and the community during the past year. These services involve and benefit not only the aging veteran-patient but also the older volunteer providing the services.

Volunteer patient services extend to virtually every facet of VA health care. Their activities range from patient feeding, friendly visiting, and recreation to hospital based home care, physical therapy, speech therapy, and providing services to the terminally ill.

The VA Voluntary Service program of citizen participation in the care and treatment of veteran patients also provides older citizens the opportunity to be useful and to employ their skills and talents. Older volunteers in this program are making major contributions to a cause that gives them a sense of achievement and well deserved recognition. They have been the mainstay of the program for years and are eagerly sought by VA medical centers.

X. DENTISTRY

Dentistry is an important component of any comprehensive health care program for the elderly. Freedom from pain is an important consideration at any age; and incidence of oral diseases, from periodontitis to cancer, increases significantly with advancing years. Many older people lose a sufficient number of teeth to interfer with effective mastication. Nutritional deficiencies and gastrointestinal problems are the usual result. Perhaps as important, the ability to enjoy a varied, interesting diet is compromised—a factor in quality of life. Similarly important, the integrity of the dental complex plays a major role in facial appearance and in communicative skills.

The VA is pledged to "provide elderly veterans with a range of medical and health services that are designed to restore and/or maintain optimal levels of health, foster independent living, and improve overall quality of life." With this in mind, the VA Office of Dentistry is involved in a number of initiatives to cope with the dental health needs of the burgeoning numbers of older veterans.

The Dental Geriatric Fellowship Program is now in its fourth year of operation. The first five dentists who entered the VA Dental Geriatric Fellowship completed their 2-year program in June 1984. Anticipating their graduation, a plan was implemented whereby interested VA health care facilities committed proposals outlining intended use of such a uniquely trained individual.

Facilities with approved programs that successfully recruited a graduate received FTEE and funding for their placement. All five of the initial class of fellows accepted appointments through this mechanism, and four of the five fellows who completed their program in June 1985 are also full-time or part-time VA staff. The employing stations are: Brockton/West Roxbury, MA; Boston/Bedford, MA; Gainesville, FL; Chicago (Westwide), IL; Denver, CO; Perry Point, MD; San Antonio, TX; Sepulveda, CA; and Lexington, KY.

Although their responsibilities vary, most of these newly placed geriatric dentists are developing clinical programs at several VA facilities within their medical district as well as establishing linkages with community and university endeavors. It is believed that the special effort to employ these individuals will allow evaluation of these geriatric dentistry programs and an opportunity to measure their contributions against the time and funding dedicated to the Fellowship Program itself. Early feedback is enthusiastic and positive.

Although there is a focus of interest directed at the Geriatric Fellowship Programs and the facilities that now employ a dentist especially trained in geriatrics, other VA dental facilities are not without their concerns and programs for the aging veteran.

VA dental personnel at all levels are aware of the rapid aging of the veteran population. They all treat elderly patients on a daily basis and most facilities now have at least one dentist who has attended a continuing education course in geriatric dentistry or a course in hospital dentistry that emphasized special care for the elderly.

An area of particular concern to the Dental Service is the oral health needs of veteran patients in VA extended care facilities. Often frail, and medically, mentally, and functionally compromised, these patients also have extensive oral health needs thus presenting the greatest challenge for the dental staff. The Office of Dentistry has convened a Task Force charged with developing approaches that will enhance oral health services to this group of patients. The Task Force is now formulating recommendations that will include guidelines for care, a needs assessement survey instrument, and a proposal for research and education.

The Office of Dentistry has initiated a training program for auxiliaries to give them additional clinical responsibilities that should be particularly helpful to the geriatric population. Dental assistants will be trained in preventive dentistry functions that will allow Dental Services in certain facilities to provide broadened oral health services to the long term care patient.

A collaborative project was begun in 1984 involving the National Institute on Aging (NIA), the National Institute for Dental Research (NIDR), and the Veterans Administration. It emerged from discussions among the Directors of the NIA and NIDR, Dr. Franklin Williams and Dr. Harald Loe, and the ACMD for Dentistry, Dr. Robert R. Rhyne. They agreed to pursue a project that would produce three products: A research agenda for oral health and related problems in the elderly, a catalog of relevant resources and activities, and an implementation plan that would recommend cooperative efforts between the three agencies in response to high priority research questions. A core staff and a Project Advisory Panel representing the three organizations have been appointed. The project is now in its final phase. The research agenda and catalog of resources are completed and prepared for publication. In addition, the three organizations are reviewing the panel's recommendations of specific areas for collaboration.

XI. Research and Development

MEDICAL RESEARCH SERVICE

Currently 12 percent of the population of the United States is over age 65. The annual health care costs of these people is enormous. As in the general population of the United States, the population of elderly people eligible for care in the VA system is growing rapidly. It is estimated that between now and the year 2000, the number of veterans over age 65 will more than double from the current figure of about 4 million to over 9 million.

In order to enhance the quality of life of these elderly veterans and to effectively diminish the physical and mental defects caused by diseases in the aged, it is apparent that there is a need for greater understanding of the major disease processes that affect the elderly and the most useful approaches to the management of these conditions. To the extent that the degree of functional impairment of elderly patients can be prevented or postponed, their needs for expensive long term medical and nursing care may be markedly diminished.

In recognition of the increasing need to understand the health problems of the elderly, the Medical Research Service of the VA and many VA investigators have increased their efforts to explore this area. Over 300 VA investigators have identified aging as one of their primary or secondary program areas. Over 400 aging related research projects by these investigators are supported by the Medical Research Service of the Veterans Administration. These studies are being carried out at approximately 80 VA medical centers. Both the number of VA investigators involved in aging research and the amount of funding of their research represent a 50 percent increase since 1980. It is obviously not possible to summarize all of this work in a single report. However, highlights of research activities in the following areas will be presented: Alzheimer's disease and other neuropsychological aspects of aging, host defense mechanisms in aging, osteoporosis, blood pressure regulation, and geriatric clinical pharmacology.

1. American Lake VAMC

Sleep/Walking and EEG Patterns in Dementia. Studies were carried out to compare sleep EEG measurements and mental function variables in groups of patients with varying severity of Alzheimer's dementia and age matched controls. The results indicated that a number of sleep EEG and mental function variables undergo significant changes in early mild states of Alzheimer's dementia. Nighttime wakefulness was increased and slow wave sleep, REM sleep, and dominant occipital EEG frequency were decreased in mild Alzheimer's patients. All of these measures changed in parallel with the severity of disease. The findings suggest the certain sleep/wakefulness measures and EEG patterns are significantly affected in mild dementia and may serve as diagnostic markers for early dementia of the Alzheimer's type.

Significance: Alzheimer's disease is the leading cause of dementia, but currently only can be diagnosed at post-mortem exam and there are currently few biological markers of Alzheimer's disease that are evident early in the course of this process. Because of the degenerative nature of this condition, it is most likely that future treatment interventions would be most effective early in the course. Thus it is crucial to develop objective quantitative procedures that can help to define brain function early in the course of disease. The initial studies of quantitative sleep EEG measurements suggest a role for this technology to serve this important function.

2. Salt Lake City VAMC

Aerobic Exercise Training and Brain Function. A study was performed to determine if aerobic exercise training can enhance brain functioning of older sedentary individuals. Forty-three volunteers were assigned to either an aerobic exercise group, a strength and flexibility exercise group, or a no exercise group and participated for a 4-month period of training. Following completion of the exercise training period, the group who performed aerobic exercise showed significantly greater improvement of a variety of mental function tests than either of the control groups. Specifically, improvements in simple reaction time, critical flicker fusion, stroop color test, digit span and digit symbol test were observed in the aerobic exercise group. It was concluded that aerobic exercise training can improve brain function of older sedentary people.

Significance: The development of therapeutic interventions for the treatment of impaired cognitive functioning in elderly veterans is obviously crucial in improving the functional status of such individuals and reducing their need for long term health care support. The observation that a period of exercise training can enhance brain functioning in the elderly may have widespread implications since exercise training can be accomplished in most elderly patients with less risk than use of potentially toxic medications.

3. Durham VAMC

Human B-cell Maturation in Normal and Immunoproliferative States. Mitogenic response of lymphocytes from aged and young individuals were compared with respect to ability to respond, synthesize protein, induce glycolytic enzymes and utilize carbohydrate. With increasing age, glycolytic enzyme induction was found to be impaired while the content of labile triosephosphate isomerase increased in lymphocytes from the elderly during their response to the stress of mitogenesis and such cells were also found to have decreased protein synthetic capacity. Inhibition of protein synthesis in young cells was able to inhibit glycolytic enzyme induction during blastogenesis in these cells to mimic the situation seen de novo in lymphocytes from the elderly.

Significance: Alterations of human B-cell maturation appear to play a role in the impaired host defense mechanisms present in elderly patients. These studies have helped to define the alterations in the metabolic state of human B-lymphocytes in the elderly and suggest that abnormalities in regulation of protein synthesis may underlie a number of the functional defects in these cells. These studies set the stage for further work to identify the mechanisms involved in alterations of protein synthesis and to determine how responses to stimuli to B-cell growth and development may be altered in the elderly.

4. Little Rock VAMC

Nutritional Support in the Elderly. Immune function has been assessed in elderly patients with severe protein calorie malnutrition to determine the relationship between nutritional status and immune function. In nine subjects with severe malnutrition low lymphocyte counts, severe anemia, and impaired skin test responses to antigen injection were found. Significantly reduced marrow myeloid stem cells were observed which returned to normal following a 3-week period of intensive nutritional repletion. In addition, after nutritional support, all subjects responded positively to the skin tests, the lymphocyte counts returned to normal and hemoglobin values increased to near normal. These observations indicate that host defense parameters are potentially reversible in profoundly malnourished elderly patients.

Significance: Poor nutrition is a common problem in elderly veterans and may contribute to the development of a number of acute severe illnesses in such patients. Of potentially even more importance is that poor nutritional status may inhibit host defense mechanisms so that recovery from acute illness may be complicated and prolonged. Preliminary data suggesting that intensive nutritional management will improve measures of host defense mechanisms in elderly subjects provide a rationale for further study of the role of nutritional intervention in the management of sick elderly patients.

5. West Los Angeles (Wadsworth) VAMC

The Role of Marrow Regulatory Cells in Osteoporosis. Studies were performed to determine whether bone marrow cells may have something to do with the osteoporosis process in aging mice. It was found that marrow injection of spleen cells alone or spleen cells mixed with marrow cells from old mice effectively reduces bone growth in young hosts and causes loss of bone mass in young mice. Injection of spleen cells alone or spleen cells mixed with marrow cells from young donors prevented the loss of bone mass normally seen in aging mice. These findings suggest that factors produced by bone marrow cells may influence the age-related development of osteoporosis.

Significance: Osteoporosis is a major health problem for elderly veterans and is associated with considerable morbidity. Most previous studies have focused on the role of factors exogenous to bone in the pathogenesis of age-related bone loss. Dr. Tyan's study suggests that factors intrinsic to the marrow may also contribute to the development of this problem. This finding helps point the direction towards future research in this area including the development of new treatment approaches that may focus on control of marrow elements involved in the osteoporosis process.

6. St. Louis VAMC

The Effects of Aging of Plasma Cell Membranes—An EPR Study. Cell membranes are involved in many cellular functions including cell-to-cell recognition, movement of nutrients in and out of cells, and cellular response to hormones. These functions are modulated by the structure and lipid composition of the membrane. To measure changes in membrane fluidity with age and hormone action, electron paramagnetic reasonance was used. Present studies have focused on measuring the fluidity of renal plasma membranes and intestinal brush border membranes. These are possible sites of action or parathyroid hormone and vitamin D metabolites, respectively. Preliminary studies suggest that there are age-related changes in renal plasma membrane fluidity that may account for age related changes in parathyroid hormone action.

Significance: This preliminary work using new magnetic reasonance technology may help to define at the cell membrane level the mechanism for altered sensitivity to parathyroid homone with age. This alteration may be an important contributing factor to age-related changes in mineral metabolism which ultimately lead to the development of osteoporosis.

7. Palo Alto VAMC

Age Related Changes in Parathyroid Function in Man. Parathyroid function was evaluated in 158 normal subjects of varying age. Parathyroid hormone levels increased with age both in men and women, but the parathyroid hormone levels also correlated inversely with creatine clearance. When renal function was controlled in the analysis, the relationship of parathyroid hormone levels with age was no longer significant. It was concluded that loss of renal function is the major cause of rising parathyroid hormone levels with age. In another study estrogen therapy was used as an alternative for surgical treatment of mild hyperparathyroidism in elderly women. Although estrogen therapy did not alter serum parathyroid hormone levels or the effect of parathyroid hormone on the kidney as indicated by urinary excretion of cyclic adenosine monophosphate, serum calcium levels fell to normal and urinary calcium excreation was reduced for up to 2 years. These findings suggest that estrogen therapy may allow control of calcium metabolism in elderly women with mild hyperparathroidism as an alternative to surgical treatment.

Significance: These studies have helped to define the abnormality of parathyroid hormone secretion that accompanies aging in humans by demonstrating that such changes may be secondary to an age-related decline in kidney function. Hyperparathyroidism is a common problem in the elderly for which the only effective treatment previously demonstrated has been surgical removal of parathyroid glands. However some elderly patients may be at high risk for surgical procedures. Thus the finding that treatment with estrogen may reverse many of the abnormalities of bone metabolism in patients with hyperparathroidism provides a new medical approach to the management of this difficult problem.

8. Sepulveda VAMC

Regulation of Lung-Beta Adrenergic Function in Senescence. Studies were performed in rats of varying age to assess mechanisms for impaired tissue responses to beta adrenergic stimulation with aging. Although total binding by lung tissue of the beta adrenergic agonist isoproterenol was not related to age of the animal, the cellular responsiveness to the beta adrenergic drug was diminished as measured by degree of stimulation of adenylate cyclase activity. This diminished responsiveness to beta adreneric stimulation appeared to be a result of diminished high affinity beta adrenergic binding sites with no change in the low affinity binding sites. This finding may contribute to the diminished hormonal responsiveness associated with aging.

Significance: These studies have helped to define the cellular mechanism for altered responses with age to beta adrenergic stimulation. This alteration appears to be important in humans particularly in reference to cardiac response to stressful situations such as exercise. A further understanding of the mechanism for this alteration in cellular responsiveness to hormone stimulation may have widespread implications for understanding alterations of other organ system responses to hormone stimulation in the elderly.

9. Brockton VAMC

Protein Metabolism and Aging. The effects of meal ingestion on blood pressure and heart rate responses were studied in elderly institutionalized subjects with and without histories of syncope and in young normal subjects. The elderly subjects demonstrated a striking fall of systolic blood pressure 60 minutes following meal ingestion, an effect which was not observed in young people. The fall in blood pressure following meal ingestion was identical in subjects with a history of syncope and those without a history of syncope. These postprandial changes of blood pressure were not related to medications or diagnoses. These findings suggest that postprandial reductions in blood pressure may predispose the elderly to symptomatic hypotension.

Significance: Orthostatic hypotension and syncope are common problems in the elderly, particularly in the nursing home setting. This study has defined for the first time the hypotensive effect of meal ingestion in elderly institutionalized subjects. The findings have important implications for the assessment of patients with postural dizziness or syncope, particularly in relationship to meal ingestion, and has considerable practical implication for the mangement of such patients.

10. Boise VAMC

Geriatric Clinical Pharmacology of Methylxanthines. A study comparing the catecholamine and cardiovascular effects of intravenous theophylline in a group of healthy young and a group of healthy elderly subjects is completed and data analysis in progress. A previous study of young healthy men demonstrated dose-related stimulation of the sympathetic nervous system by theophylline. The stable isotope assay using a direct insertion probe selected ion monitoring method has been applied to a study of the interaction of cimetidine and hypoxia with theophylline metabolism in patients with COPD and in healthy young smokers and nonsmokers. The age study with cimetidine and the hypoxic study is completed and data analysis is in progress.

Significance: Many elderly veterans are being treated with multiple drug regimens which can lead to considerable problems with drug toxicity both because the pharmacokinetics of drugs in the elderly are often different than those in the young, but have not been defined, and also because important drug interactions may occur in patients on multiple drug regimens. These studes are helping to define age-related changes in pharmacokinetics of theophylline, one of the most commonly used drugs in the elderly, and the interactions of other commonly used agents with theophylline metabolism.

REHABILITATION RESEARCH AND DEVELOPMENT

The Rehabilitation R&D program supported clinical research studies in the restoration of speech and hearing and rehabilitation treatment of neurological disorders and musculoskeletal disorders as related to aging. Rehabilitation R&D strategy in aging includes a three-pronged approach. The core of this effect revolves around continuation of aging related projects in the priority areas of prosthetics/amputation/orthotics, spinal cord injury and sensory aids. The second approach is the active solicitation of new and expanded proposals regarding geriatric rehabilitation R&D. These two approaches were reinforced by the continued development of a special Rehabilitation R&D Unit located at VA Medical Center, Decatur, GA, which has the assigned mission of concentrating its R&D efforts in programs directed to assisting the aging handicapped population.

XII. ACADEMIC AFFAIRS PROGRAMS

All short and long-range plans of the VA's Department of Medicine and Surgery that address health care needs of the nation's growing population of elderly veterans include training activities supported by the Office of Academic Affairs (OAA). The training of health care professionals in the area of geriatrics/gerontology is a component of a variety of programs conducted at VA medical centers by affiliated institutions. Work with geriatric patients is an integral part of the clinical experience of the nearly 100,000 health trainees—including 25,000 resident physicians and 50,000 nursing and associated health students—who train in VA medical centers each year as part of an affiliation agreement between the VA and nearly 1,000 health professional schools, colleges, and university health science centers. Recognizing the challenges presented by the ever increasing rate and extent of aging in the veteran population, the OAA has made great strides in promoting and coordinating multi- and interdisciplinary geriatric and gerontological programs in VA medical centers and in their affiliated academic institutions.

The Office of Academic Affairs, in the DM&S, supports geriatric education and training activities in the following special programs.

VA FELLOWSHIP PROGRAMS IN GERIATRICS FOR PHYSICIANS

Although medical educators continue to debate whether geriatrics should be a separate specialty or a subspecialty in medicine, the demand for physicians with special training in geriatrics and gerontology accelerates each year because of the rapidly advancing number of elderly veterans and aging Americans. The VA health care system offers clinical, rehabilitation, and follow-up patient care services, as well as education, research, and interdisciplinary programs that provide the support elements required for the training of physicians in geriatrics. These special training is being accomplished through the VA Fellowship Program in Geriatrics at VA medical centers affiliated with medical schools since 1978–79. The 12 initial training sites increased to 18 in 1985 after a competitive review. This program is designed to develop a cadre of physicians who are committed to clinical excellence and to becoming leaders of local and national geriatric medical programs. Their dedication to innovative and thorough geriatric patient care is expected to produce role models for medical students and for residents. The 2-year fellowship curriculum incorporates clinical, pharmacological, psycho-social, education, and research components related to the full continuum of treatment and health care of the elderly.

During its 7-year history, the program has attracted physicians with high quality academic and professional backgrounds. Their genuine interest in the well-being of elderly veterans is apparent from high retention rates in VA employment after completing fellowship training. Many of the Fellows have published papers on geriatric topics in nationally recognized professional journals, and several Fellows have authored or edited books on geriatric medicine and medical ethics. The number of recipients of important awards and research grants increased each year. As of June 1985, 101 Fellows had completed the program in six successive groups: 1980—8; 1981—13; 1982—16; 1983—19; 1984—23; 1985—22. About 90 percent of the Fellowship graduates continue to practice geriatric medicine. About 50 percent remain in the VA system as full- or part-time employees. More than 70 percent of all graduates hold academic appointments. The demand for physicians specially trained in geriatrics increases each year, as evidence by the multiple job offers extended to each Fellow, not only from VA medical centers but also from private corporations and from medical schools.

DENTIST GERIATRIC FELLOWSHIP PROGRAM

In July 1982, 2-year Dentist Geriatic Fellowship Programs commenced at five VA medical centers. The goals of this program are similar to those described for physician Fellowship Program in Geriatrics. as of June 1985, 10 Dentist Fellows had completed the program. It is expected that a group of five dentists will graduate from the program on a continuing basis in June of each year.

The Dentist Fellowship Program were evaluated during 1984 by the Office of Academic Affairs with the aid of a consultant from the Harvard University faculty. The consultant constructed a measurement instrument consisting of specific interview questions based upon a survey of dentists currently involved in geriatrics or gerontology. All individuals having significant involvement with the program were interviewed. With this technique, strengths and weaknesses were assessed, and comparisons between programs were made. Individual reports which included recommendations for program improvement were provided to program directors and a summary report of the findings were sent to the Assistant Chief Medical Director (ACMD) for Academic Affairs.

INTERDISCIPLINARY TEAM TRAINING IN GERIATRICS

Interdisciplinary Team Training in Geriatrics (ITTG) is a systematic educational program designed to include didactic and clinical instruction for VA faculty practitioners and affiliated students from three or more health professions such as physicians, nurses, psychologists, social workers, physical and occupational therapists. The ITTG provides a structured approach to the delivery of health services by emphasizing the knowledge and skills needed to work in an interactive group. In addition, the program promotes an understanding of the roles and functions of other members of the team and how their collaborative contributions influence both the delivery and outcome of patient care.

The ITTG Program has been activated at 12 VA medical centers. Two sites, located at VA Medical Centers (VAMC's) Portland, OR, and Sepulveda, CA, were designated in 1979. Three additional VA sites at Little Rock, AR; Palo Alto, CA; and Salt Lake City, UT, were selected in 1980; and VAMCs Buffalo, NY; Madison, WI; Coatesville, PA; and Birmingham, AL, were approved in 1982. In the Spring of 1983, three sites were selected at VAMCs Tucson, AZ; Memphis, TN; and Tampa, FL.

The purposes of the ITTG program are to develop a cadre of health practitioners with the knowledge and competencies required to provide interdisciplinary term care to meet the wide spectrum of health care and service needs of the aged veteran; to provide leadership in interdisciplinary term delivery and training to other VA medical centers; and to provide role models for affiliated students in medical and associated health disciplines. Training includes the teaching of staff and students about the aging process; instruction in team teaching and group process skills for clinical core staff; and clinical experiences in team care for affiliated education students with the core team serving as role models. During fiscal year 1985, 183 students were provided funding support at the 12 model ITTG sites.

CLINICAL NURSE SPECIALIST

Clinical nurse training is another facet of VA education programming in geriatrics. The need for specially trained graduate level clinical nurse specialists is evidenced by the sophisticated level of care needed by the VA patient population, specifically in the area of geriatrics. Advanced nurse training is a high priority within the VA because of the shortage of such nursing specialists who are capable of assuming positions in specialized care and leadership. The Clinical Nurse Specialist Program was established in 1981 to attract clinical specialists students to the VA and to help meet recruitment needs in the VA priority areas of geriatrics, rehabilitation, psychiatric/mental health, all of which impact on the care of the elderly veteran. Direct student support is provided to master's level nurse specialists trainees for their clinical practicum at the VA medical centers affiliated with the academic institutions in which they are enrolled. In fiscal year 1985, 124 master's level clinical nurse specialist student positions were supported at 27 VA medical centers; 45 in geriatrics; 12 in rehabilitation; and 67 in psychiatric/mental health.

VA GERONTOLOGIC NURSE FELLOWSHIP PROGRAM

The Gerontologic Nurse Fellowship Program is designed to prepare expert geriatric nurse practitioners, educators, administrators, and researchers for leadership positions in long term care for the aging veteran population. The program is a 2-year fellowship for graduate nursing students enrolled in qualified doctoral level nursing programs. During fiscal year 1985, 25 VA medical centers submitted proposals for consideration as fellowship sites. Following a review by an ad hoc committee, VAMC Hines, IL, was selected as the first fellowship site. Another review is planned during fiscal year 1986 to select the second and final fellowship site.

One fellow per fiscal year will be appointed at each selected VA medical center site. The first appointment at VAMC Hines, IL, was effective October 1985 (fiscal year 1986), for the period of 1 year. A re-appointment for 1 additional year is possible, if the first year's performance evaluation is satisfactory. Future plans for this program call for two VAMC sites and a total of four fellows, i.e., a first and second-year fellow at each site. It is anticipated that at least half of the participants who completed this VA Fellowship will be recruited within the VA system.

EXPANSION FOR ASSOCIATED HEALTH IN GERIATRICS

A special priority for geriatric education and training is recognized in the allocation of associated health training positions and funding support to VA medical centers hosting Geriatric Research, Education and Clinical Centers (GRECC's), and to VA medical centers that offer specific educational and clinical programs for the care of older veterans. In fiscal year 1985, a total of 103 associated health trainees received funding support at 54 VA facilities in the following disciplines: Social Work, Psychology; Optometry; Audiology/Speech Pathology; Clinical Pharmacy; Clinical Nurse Specialist; Occupational Therapy.

EXPANSION FOR MEDICAL AND DENTAL RESIDENTS IN GERIATRICS

In order to expand the involvement of medical and dental residents in the care of older veterans, a specially funded program for geriatric education and training was initiated in fiscal year 1983. This program provides residency positions and funds to VA medical centers hosting Geriatric Research, Education and Clinical Centers (GRECC's) and to VA medical centers that provide specific clinical programs and training experiences for the care of geriatric patients.

In fiscal year 1985, 62 medical and dental positions were approved at about 40 VA facilities. The primary purpose of the program is to provide education and training for residents in the assessment, treatment, and rehabilitation of the older veteran.

CONTINUING EDUCATION

In support of the VA's mission to provide health care to the aging veteran population, education and training continues to be offered to enhance VA medical center staff skills in the area of geriatrics. These educational activities are designed to respond to the needs of VA health care personnel throughout the entire Department of Medicine and Surgery. Annually, PIT (Posgraduate and In-Service Training) funds are distributed at three levels of the organization for support of continuing education activities in priority areas.

First, Program 813 funds are provided to each of the VA medical centers to meet the continuing education needs of its employees. Approximately $120,000 of facility-oriented monies supported 668 training activites in geriatrics during fiscal year 1985. VACO also allocates funds for VAMC-Initiated programs to allow health care facilities, with assistance from a RMEC (Regional Medical Education Center), to conduct education programs within the hospital to meet locally identified training needs. Approximately $31,000 of VAMC-Initiated funds were used to support 44 separate activities.

Second, Continuing Education Field Units, which include seven Regional Medical Education Centers (RMEC's), eight Cooperative Health Education Programs (CHEP's), two Dental Education Centers (DEC's), and the Continuing Education Center (CEC) meet education needs by conducting programs at the regional and local medical center level. Examples of recent programs are:

—Supportive Care of Aged and Families
—Advances in Geriatric Nutrition
—Physical Assessment of the Elderly
—Long Term Care Geopsychiatric Patient
—Care of the Alzheimer's Patient
—Patient Health Education of Aging

—Nursing Rehabilitation Skills: Geriatric Patient
—Drug Interactions in the Elderly
—Geriatric Dentistry

RMEC programs are also conducted in cooperation with the Geriatric Research, Education, and Clinical Centers (GRECC's) which received $208,000 in PIT funds to support their identified needs. This collaborative effort ensures the efficient use of existing resources to meet the increasing demands for training in geriatrics/gerontology. For example, the GRECC's have met some of the training needs identified by RMEC's, and RMEC's have utilized GRECC staff as faculty for their programs.

Third, the Department of Medicine and Surgery professional and administrative services received funding to conduct education projects in the area of geriatric/gerontology for counterpart field personnel. Examples of these educational projects are: Hospital Based Home Care; Community Residential Care for DM&S Hospitals; and Ministering to the Elderly.

During fiscal year 1985, the Continuing Education Field Units conducted 288 education activities in the area of geriatrics which were attended by approximately 9,300 VA participants and 3,200 non-VA participants.

HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM

The purpose of the Health Professional Scholarship Program is to assist in providing an adequate supply of students in accredited baccalaureate nursing degree programs and in accredited master's degree programs offering specialties needed by the VA. Of the 112 awards made to master's degree students in 1982 through 1985, 24 or 21 percent were for geriatric/gerontology nursing. In return for scholarship assistance, recipients are obligated to serve a minimum of 2 years in a VA medical center. Eleven of the 24 recipients have completed degree requirements and are serving in nine medical centers.

LEARNING RESOURCES

The widespread education and training activities in geriatrics have generated a broad spectrum of requirements for learning resources throughout the VA system. Local Library Services performed hundreds of on-line searches on data bases such as AgeLine (available through Bibliographic Retrieval Services), and continue to add books, journals, and Audiovisuals (AV's) on topics related to geriatrics and aging. One such title, "Older Veterans: Linking VA and Community Resources," was delivered from VACO to each health care facility. Sixteen AV's on the topic of aging (three of which were produced by the Agency) were sent to designated Library Services through the AV Software Delivery System, and multiple copies of more than 46 AV programs were made available nationwide for VA staff use. The VACO Library continued to expand its collection of books, AV's, and journals concerning aging and geriatrics.

XIII. Department of Veterans Benefits

COMPENSATION AND PENSION PROGRAMS

Disability and survivor benefits such as pension, compensation, and dependency and indemnity compensation administered by the Department of Veterans Benefits provide all, or part, of the income for 1,664,494 persons age 65 or older. This total includes 1,035,223 veterans, 574,507 surviving spouses, 45,917 mothers, and 8,847 fathers.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provided for a restructured pension program. Under this program, eligible veterans receive a level of support meeting the national standard of need. Pensioners generally receive benefits equal to the difference between their annual income from all other sources and the appropriate income standard.

This Act provided for a $1,289 increase in the applicable income standard for veterans of World War I or the Mexican border period. This provision was in acknowledgment of the special needs of our older veterans. Pensioners receiving benefits under the prior program were provided the opportunity to elect to receive benefits under the new program.

VETERANS ASSISTANCE SERVICE

Veterans Services Division personnel maintain liaison with nursing homes, senior citizen homes, and senior citizen centers in regional office areas. Locations are visited as the need arises. Appropriate pamphlets and application forms are provided to personnel at these homes during visits through regular use of mailings. State and Area Agencies on Aging (AAA) have been identified and are provided information on VA benefits and services through workshops and training sessions.

Veterans Assistance Service represents the Department of Veterans Benefits on the Interagency Information and Referral Consortium. The consortium seeks to stimulate the development and strengthen I&R network systems through the cooperative and coordinated efforts of Federal and public agencies, selected national voluntary organizations, and the private sector.

The Veterans Assistance Service exhibit, "Veterans Benefits for Older Americans," highlights, by pictures and accompanying text, the various benefits explained in the pamphlet of the same title (VA Pamphlet 27-80-2). The exhibit, designed to convey the Veterans Administration's concern with the aging veteran population, has been displayed extensively at meetings addressing problems of the aging. The pamphlet was given wide distribution at the President's Committee on Employment of the Handicapped and the National Council on the Aging conferences, and by information and referral representatives at field stations.

With the cooperation of a major veteran's service organization, Veterans Assistance Service has initiated a program of providing World War I veterans and surviving spouses with information on existing VA benefits and services. Every veteran or widow/widower responding to a notice in the organization's publication is contacted for the purpose of reviewing present entitlement to new or increased benefits.

OLDER VETERANS PROGRAMS

The programs administered by the Department of Veterans Benefits are a major element in the coordinated planning for the future needs of the aging veteran population. DVB income enhancement programs are directly related to the overall quality of life for the older person.

Several specific DVB programs support the overall response to the older veteran's needs. Compensation and Pension, although only two of a number of benefits administered by DVB, have great importance when the goal is the standard of living for the older veteran.

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